



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 26 2013

Mr. Ross Maola, Administrator
Paramount Senior Living at Bethel Park, LLC
Paramount Senior Living at Bethel Park
5785 Baptist Road
Bethel Park, Pennsylvania 15102

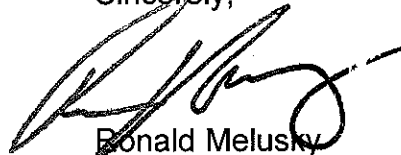
Dear Mr. Maola:

As a result of the Department of Public Welfare's licensing inspection on February 21, 2013 and February 22, 2013, 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.

Your regular license for the period of May 28, 2013 to May 28, 2014 was issued on February 13, 2013. Your regular license remains in good standing.

Sincerely,



Ronald Melusky
Director

Enclosures
License
Violation Report

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

RECEIVED

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		Western Field Office Adult Residential Licensing
Legal Entity Address: 5785 BAPTIST ROAD, BETHEL PARK, PA 15102		
Certificate(s) of Occupancy		
I-1 10/29/2009 Municipality of Bethel Park	I-2 10/29/2009 Municipality of Bethel park	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 170	Waking Staff: 128
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
02/21/2013: Goedert, Caroline; Gearhard, Nancy		
02/22/2013: Goedert, Caroline; Gearhard, Nancy		
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: 125 Number of Residents Served: 118 Secured Dementia Care Unit in Home: Yes Area: Third Floor Secured Dementia Unit Capacity, if Applicable: 28 Number of Residents Served in Secured Dementia Care Unit, if applicable: 26 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 62		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 118 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 52 Have a Physical Disability: 3

Violation Report: 44088 - 02/21/2013 - Goedert, Caroline
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

MAR 18 2013

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 12/20/12, resident #1 fell in the home and was sent to the hospital for treatment which included the placement of staples for a head laceration. The home has not submitted an incident report to the Department.

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 page 2A of 6

SEE ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ross Maula RN BSN

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

ROSS MAULA

Date 3/15/13

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

The above plan of correction is approved as of 3-19-13
(Date)

Plan of correction implementation status as of 3-19-13
(Date)

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

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

RECEIVED

MAR 18 2013

page 3A of 6

Plan of correction 2600.16(c)

Incident report submitted 3/13/13.

Western Field Office
Adult Residential Licensing

Beginning 3/13/13 and ongoing, all personal care home residents and residents receiving medication management only will have incident reports submitted and faxed to DPW within a 24 hour timeframe. Upon incident a licensed staff person completing the incident report will review findings with the supervisor of the shift. The supervisor will review the incident form and report the findings to DPW via fax. The incident form and reportable document will be then given to the DON to follow up on the incident. A mandatory nursing in-service is being held on March 20th 2013 to reinforce the proper procedures for reporting incidents. See attached for Appendix A and Appendix B which will be discussed.

Ross MAOLA RN BSN

Ross MAOLA 3-15-13

Violation Report: 44088 - 02/21/2013 - Goederl, Caroline
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa. Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
On 2/21/13 at 10:35 AM, the water temperature at the first floor men's restroom across from the private dining room measured 127.7 degrees Fahrenheit.

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 page 3A of 6

SEE ATTACHED

Ross MAOLA RN BSN
ROSS MAOLA 3/15/13

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ross MAOLA RN BSN*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *ROSS MAOLA* Date *3-15-13*

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

The above plan of correction is approved as of <u>3-19-13</u> (Date)	Plan of correction implementation status as of <u>3-19-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>ASD</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Jan 18 2013

Plan of correction 2600.89(b)

The water temperature was brought down to 120 degrees on February 21st 2013 during the first day of inspection. The temperature was measured additionally that same day and the following day and was within limits. A cartridge was replaced in the mixing valve to regulate the temperature. Multiple readings throughout the week at the boiler system are checked and documented. See attached.

Western Field Office
Professional Licensing

3/7/13 and ongoing the water temperature is being monitored on a weekly basis and documented. See attached. The maintenance director or maintenance assistant will monitor the water temperature on a weekly basis by taking samples throughout the community. Shower heads and sinks will be monitored from the mixing of the boiler system to ensure adequate temperature. The readings will be documented by the maintenance director and stored in office. The Executive Director will initial the findings each week.

Ross MAOLA RW BSL

ROSS MAOLA 3-15-13

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Violation Report: 44088 - 02/21/2013 - Goederf. Caroline
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa. Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 Staff and resident interviews indicated that not all of the residents evacuate their rooms during fire drills. The residents located in wings where the simulated fire is not occurring do not move to a designated meeting place within the fire safe area.

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 page 4A of 6

4-30-13 All residents will be educated on the importance of evacuation to a designated meeting place within the fire-safe area during each fire drill. Documentation shall be kept. JPP 3-19-13

SEE ATTACHED

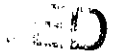
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ross MAOLA RW BEN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ross MAOLA* Date *3-15-13*

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The above plan of correction was approved by <u>JPP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JPP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



Plan of correction 2600.132(h)

1 8 2013

Field Office
Licensing

The active staff participating in the fire drill will alert all residents of the fire drill by either physical or verbal assistance. All residents will participated during the fire drill and move to a fire safe area outside their apartment doors. All residents will participate during the fire drill regardless of time drill is being performed. The maintenance director will monitor the fire drill and inspect to confirm all residents have participated in the fire drill. Documentation will be completed and will be initialed by the Maintenance Director and Executive Director. An in-service was held on 3/14/13 with the night staff to discuss the findings and to reiterate all residents must participate in the fire drills regardless of the location of the simulated fire. Conducting a fire drill/evacuation page was passed out and discussed. See attached.

Ross MAOLA An BSN

ROSS MAOLA 3/15/13

Violation Report: 44088 - 02/21/2013 - Goedert, Caroline
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

Mar 19 2013

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation was completed on 12/20/11.

Western Field Office
Adult Protective Services Unit

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 page 5A of 6

4-30-13

The administrator or a designated staff person will review all current resident's medical evaluations to ensure all residents have a completed and current medical evaluation. Documentation shall be kept.

SEE ATTACHED

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ross Maul RN BSN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROSS MAOLA* Date *3/15/13*

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(Date)

Plan of correction implementation status as of 3-19-13
(Date)

The above plan of correction was approved by *AMP*
(Initials)

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

RECEIVED

Mar 18 2013

Plan of correction 2600.141(b)(1)

Resident #1 was seen 12/21/12. A medical evaluation was completed and signed on 3/13/13 due to the DPW survey. The annual review date will be in the month of December as set forth from the initial medical evaluation.

3/7/13 and ongoing, all residents will have a completed medical evaluation on an annual basis. The medical evaluation will be completed by a medical professional and signed by the physician. Annual reviews will be kept in a binder in the DON office and will be kept chronologically by month, date and year. Upon admission, the medical evaluation will set the date for continued evaluations. Barring any significant changes the next medical evaluation will be performed within the timeframe set by DPW. If a significant change has occurred a new DME will be warranted and completed. This will then start the new date for the DME. The DON is responsible for the annual DME and any significant changes that justify a new DME. An in-service was given to DON regarding the above violation and plan of correction.

Ross MAOLA RN BSN
ROSS MAOLA 3/15/13

Violation Report: 44088 - 02/21/2013 - Goedert, Caroline
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

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.

2013

2a. DESCRIPTION OF VIOLATION

The medication administration record (MAR) for resident #3 states Celexa 20mg take one tablet by mouth daily and does not include the generic name for the medication. The medication label only has the generic name of the medication listed. The MAR for resident #3 states Coumadin 2.5mg take one tablet by mouth every Tuesday, Thursday, Saturday and Sunday and does not include the generic name for the medication. The medication label only has the generic name of the medication listed.

The MAR for resident #4 does not include the diagnosis or purpose for the following: Lasix, Simvastatin, Trazodone, Gabapentin, and Risperdal. The MAR for resident #4 states that the resident has no allergies, however the medical evaluation dated 5/28/12 identified allergies to Amitriptyline, HCL, and Demerol.

The MAR for resident #5 states Amlodipine Besylate 5mg take one tablet by mouth daily at 9:00 AM. However, the medication label states Amlodipine Besylate 10mg take one half tablet at 9:00 AM.

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 page 6A of 6
 -f-30-13
 The administrator or designated person will review all current resident MAR's, prescription orders and medications to ensure the pharmacy label matches the MAR and all diagnoses or purpose of the medication is recorded on the MAR. JRP 3-19-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ross MAOLA RN BSN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROSS MAOLA* Date *3/15/13*

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

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1 8 2013

Plan of correction 2600.187(a)

2/22/13 MAR's completed with correct information. Resident #3's medication record and medication label complete with brand name and generic name. Resident #4 MAR completed with diagnosis for medications and allergies. Resident #5 MAR changed to correspond with the bottle label.

3/13/13 and ongoing, a resident's MAR will show both brand name and generic name. The MAR will show the diagnosis for each medication and any allergies. The MAR will match the medication container and label. Upon admission the medications will be checked by the licensed staff member completing the admission. The label of medication, Dr.'s order and MAR will all coincide with each other. The diagnosis will be written on the MAR pertaining to the correct medication for that diagnosis. The allergies will be written on the MAR to match the DME. All of which this information will be gathered from the assessment tool, DME and input from family and resident. There will be a second check by the night time licensed staff member to ensure correct information is transcribed and input. The night time licensed staff member will then initial the MAR when complete. An in-service was held on 3/6/13.

Ross MAOLA Rv BSW
ROSS MAOLA 3/15/13