



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: AUG 17 5 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 (Department) licensing inspection on June 14, 2013 and June 25, 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. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Maria Stepanovich" with a stylized flourish at the end.

Maria Stepanovich  
Regional Licensing Administrator

Enclosure(s)

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

|   |                             |  |     |     |  |            |            |  |                             |                             |  |
|---|-----------------------------|--|-----|-----|--|------------|------------|--|-----------------------------|-----------------------------|--|
| PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK  |                             | License Number: 44088  |     |     |  |            |            |  |                             |                             |  |
| Address: 5785 BAPTIST ROAD, BETHEL PARK, PA 15102   |                             | County: Allegheny  |     |     |  |            |            |  |                             |                             |  |
| Administrator: Rocco Palladini  |                             | Region: WEST   |     |     |  |            |            |  |                             |                             |  |
| Legal Entity Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC   |                             | <b>RECEIVED</b>  |     |     |  |            |            |  |                             |                             |  |
| Legal Entity Address: 5785 BAPTIST ROAD, BETHEL PARK, PA 15102  |                             |  |     |     |  |            |            |  |                             |                             |  |
| <b>Certificate(s) of Occupancy</b><br><table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">I-1</td> <td style="width: 33%;">I-2</td> <td style="width: 33%;"></td> </tr> <tr> <td>04/30/2010</td> <td>04/30/2010</td> <td></td> </tr> <tr> <td>Municipality of Bethel Park</td> <td>Municipality of Bethel Park</td> <td></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 |  |     |     |  |            |            |  |                             |                             |  |
| WEST REGION FIELD OFFICE<br>Human Services Licensing  |                             |  |     |     |  |            |            |  |                             |                             |  |
| <b>Staffing Hours</b>   |                             |  |     |     |  |            |            |  |                             |                             |  |
| Resident Support: 0   | Total Daily Staff: 179      | Waking Staff: 134  |     |     |  |            |            |  |                             |                             |  |
| Type of Inspection: Partial   | BHA Docket Number:          | Notice: Unannounced  |     |     |  |            |            |  |                             |                             |  |
| <b>Reason(s) for Inspection(s)</b><br>Complaint, Incident   |                             |  |     |     |  |            |            |  |                             |                             |  |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b><br>06/14/2013: Garrigan, Laurie<br>06/25/2013: Garrigan, Laurie; Perry, Carole  |                             |  |     |     |  |            |            |  |                             |                             |  |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b>  |                             |  |     |     |  |            |            |  |                             |                             |  |
| <b>Other Details</b>  |                             |  |     |     |  |            |            |  |                             |                             |  |
| Partial or Full Triggers:   |                             | Random Indicators:   |     |     |  |            |            |  |                             |                             |  |
| <b>Resident Demographic Data as of Inspection Dates</b>   |                             |  |     |     |  |            |            |  |                             |                             |  |
| Licensed Capacity: 125<br>Number of Residents Served: 121<br>Secured Dementia Care Unit in Home: Yes<br>Area: 3rd floor<br>Secured Dementia Unit Capacity, if Applicable: 26<br>Number of Residents Served in Secured Dementia Care Unit, if applicable: 25<br>Number of Current Hospice Residents: 7<br>Number of Hospice Residents in past year: 60         |                             | <b>Number of Residents who:</b><br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 121<br>Have Mental Illness: 0<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 58<br>Have a Physical Disability: 3 |     |     |  |            |            |  |                             |                             |  |

Violation Report: 44088 - 06/14/2013 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST VIRGINIA UNIVERSITY  
Human Services

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 6/8/13 at approximately 9:30 pm, staff persons A and B were changing resident #1's adult brief. Staff person B witnessed the following:

- \* Staff person A smacked resident #1's left hand.
- \* Staff person A threatened resident #1 stating, "I swear to fn God if you hit me, I am going to hit you back. If you fn hurt me, I will hurt you back." Also, staff person A told resident #1 his/her adult brief was "poopy".

This incident was not reported to Adult Protective Services until 9:10 PM on 6/11/13.

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 page

see attachments A-E

See home's attached plan of correction

By 8/14/13 - The administrator or designated staff person will monitor all incidents at least monthly to ensure timely reporting to Adult Protective Services ms 8/14/13

See attachment A page 2A of 6

|                      |                                   |  |  |  |
|----------------------|-----------------------------------|--|--|--|
| 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) Rocco PALADINI | Date 8/12/13 |
|---|--------------|

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

The above plan of correction is approved as of 8/14/13 (Date)

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

Plan of correction implementation status as of 8/14/13 (Date)


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

RECEIVED

## Plan of correction 2600.15(a)

WEST VIRGINIA UNIVERSITY  
MUNICIPAL GOVERNMENT

1. Staff person A is no longer employed at facility as of 6/12/13.
2. Staff person B participated in safe management technique course for Direct Care staff via DPW website on 6/12/13 (see attachment A). Staff person B transferred to dietary department as of 6/21/2013.
3. On June 27, 2013, [REDACTED] from the Adult Residential Licenseship presented on Abuse and Abuse Reporting to staff (see attachment B).
4. On August 22, 2013, a staff nursing meeting will be held in which a designated person will review the Abuse Reporting procedures of the facility. Documentation will be kept.
5. New Hire orientation will continue to include the completion of the "Resident Abuse and Neglect Acknowledgment Form" by the new hire (see attachment C). New hires will also continue to receive and acknowledge the receipt of the Employee Handbook (see attachment D), which states our policy on Reporting Resident Abuse and Neglect (see attachment E).
6. The facility will continue to hold the required annual Abuse training inservice.

  
 PECCO PAZZANINI  
 8/12/13

MARIA STEPANOVICH (MS) 8/14/13  
 Regional Licensing Approval of Plan of Correction  
 Maria Stepanovich

Violation Report: 44088 - 06/14/2013 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST PENNSYLVANIA  
Human Services

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 6/8/13 at approximately 9:30 pm, staff persons A and B were changing resident #1's adult brief. Staff person B witnessed the following:

- \* Staff person A smacked resident #1's left hand.
- \* Staff person A threatened resident #1 stating, "I swear to f'n God if you hit me, I am going to hit you back. If you f'n hurt me, I will hurt you back." Also, staff person A told resident #1 his/her adult brief was "poopy".

This incident was not reported to the Department until 9:45 PM on 6/11/13.

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  
 see attachments A-E  
 See home's attached plan of correction

By 8/14/13 - The administrator or designated staff person will monitor all incidents at least monthly to ensure timely reporting to the Department. MS 8/14/13

See attachment B page 3A of 6

|                       |                                   |                    |
|-----------------------|-----------------------------------|--------------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 02/21/2013 et. al. |
|-----------------------|-----------------------------------|--------------------|

Signature of Legal Entity Representative (Required on EVERY Page) 

|  |         |
|--|---------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date    |
| ROCCO PALLADIN   | 8/12/13 |

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

The above plan of correction is approved as of 8/14/13 (Date)

Plan of correction implementation status as of 8/14/13 (Date)

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


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

RECEIVED

Plan of correction 2600.16(c)

WEST VIRGINIA INSTITUTE  
HARRISBURG, WV

1. Staff person A is no longer employed at facility as of 6/12/13.
2. Staff person B participated in safe management technique course for Direct Care staff via DPW website on 6/12/13 (see attachment A). Staff person B transferred to dietary department as of 6/21/2013.
3. On June 27, 2013, [REDACTED] from the Adult Residential Licenseship presented on Abuse and Abuse Reporting to staff (see attachment B).
4. On August 22, 2013, a staff nursing meeting will be held in which a designated person will review the Abuse Reporting procedures of the facility. Documentation will be kept.
5. New Hire orientation will continue to include the completion of the "Resident Abuse and Neglect Acknowledgment Form" by the new hire (see attachment C). New hires will also continue to receive and acknowledge the receipt of the Employee Handbook (see attachment D), which states our policy on Reporting Resident Abuse and Neglect (see attachment E).
6. The facility will continue to hold the required annual Abuse training inservice.

  
 RECCO PAGANONI  
 8/12/13

MARIA STEPANOVICH (MS) 8/14/13  
 Regional Licensing Approval of Plan of Correction  
 maria stepanovich

Violation Report: 44088 - 06/14/2013 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 6/8/13 at approximately 9:30 pm, staff persons A and B were changing resident #1's adult brief. Staff person B witnessed the following:

- \* Staff person A smacked resident #1's left hand.
- \* Staff person A threatened resident #1 stating, "I swear to f'n God if you hit me, I am going to hit you back. If you f'n hurt me, I will hurt you back." Also, staff person A told resident #1 his/her adult brief was "poopy".

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

see attachments A-E

See home's attached plan of correction

By 9/14/13 - All direct care staff persons will receive training in handling difficult behaviors from an outside source. Documentation of training will be kept. ms 5/14/13

See attachment C page 4A of 6

|                       |                                   |            |  |
|-----------------------|-----------------------------------|------------|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 01/23/2013 |  |
|-----------------------|-----------------------------------|------------|--|

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pucco Palladino Date 8/12/13

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

|  |  |
|--|--|
| The above plan of correction is approved as of <u>5/14/13</u> (Date) | Plan of correction implementation status as of <u>5/14/13</u> (Date)<br><input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ms<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |
| The above plan of correction was approved by <u>ms</u> (Initials)    |  |

RECEIVED

Plan of correction 2600.42(b)

WEST VIRGINIA STATE POLICE  
MORGANTOWN, WV

1. Staff person A is no longer employed at facility as of 6/12/13.
2. Staff person B participated in safe management technique course for Direct Care staff via DPW website on 6/12/13 (see attachment A). Staff person B transferred to dietary department as of 6/21/2013.
3. On June 27, 2013, [REDACTED] from the Adult Residential Licenseship presented on Abuse and Abuse Reporting to staff (see attachment B).
4. On August 22, 2013, a staff nursing meeting will be held in which a designated person will review the Abuse Reporting procedures of the facility. Documentation will be kept.
5. New Hire orientation will continue to include the completion of the "Resident Abuse and Neglect Acknowledgment Form" by the new hire (see attachment C). New hires will also continue to receive and acknowledge the receipt of the Employee Handbook (see attachment D), which states our policy on Reporting Resident Abuse and Neglect (see attachment E).
6. The facility will continue to hold the required annual Abuse training inservice.

Recco PARADISI  
8/12/13

MARIA STEPANOVICH (MS) 8/14/13  
Regional Licensing Approval of Plan of Correction  
maria stepanovich

Violation Report: 44088 - 06/14/2013 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

WESTPHALIA COUNTY  
17400

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 1/31/13, does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

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

see attachment F

See home's attached plan of correction

See attachment D page 5A & 6

|                      |                                   |  |  |  |
|----------------------|-----------------------------------|--|--|--|
| 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) Rocco PALADINI Date 8/12/13

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

The above plan of correction is approved as of 8/14/13  
(Date)

Plan of correction implementation status as of 8/14/13  
(Date)

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


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

RECEIVED

Plan of correction 2600.54(a)

WEST VIRGINIA STATE UNIVERSITY  
HUMAN SERVICES COLLEGE

1. Staff person B was transferred to the Dietary department as of 6/21/13.
2. The Business Office Manager participated in a review of Regulation 2600.54(a) with the Executive Director of the facility on 8/12/13 to ensure new hires are compliant with the Regulation (see attachment F)
3. As of 8/9/2013 and ongoing, the Business Office Manager will hire direct care staff persons whom are compliant with Regulation 2600.54(a). Online High School Diplomas will be verified for recognition by the Department of Welfare. No Home School Diplomas will be accepted.

  
 Pecco PALLADUM  
 8/12/13

MARIA STEPANOVICH (MS) 8/14/13  
 Regional Licensing Approval of Plan of Correction  
 Maria Stepanovich

Violation Report: 44088 - 06/14/2013 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

On 6/10/13 at approximately 7:00 pm, staff person D was driving away from the home and observed resident #2 at the bottom of the home's driveway. Resident #2 indicated he/she was walking back to the facility from a local store, which is approximately one-tenth of a mile from the front entrance of the home. This resident was last seen at 5:30 pm in the dining room. Resident #2 exited the building unattended. Staff person D escorted resident #2 back to the facility. When resident #2 entered the lobby, he/she fell backwards hitting his/her head on the floor. The resident was taken by ambulance to the emergency room and returned to the home that evening without any injuries.

Resident #2's assessment, dated 4/29/13, includes a diagnosis of dementia and indicates the resident requires moderate supervision. The assessment also indicates the resident is often confused to time and place and judgment may be impaired due to periods of confusion. However, the resident's support plan, dated 4/29/13, does not address the supervision needs the home will provide when the resident is outside of the home. It only indicates the resident requires moderate supervision within the home.

Resident # 2 was transferred to the secured dementia care unit on 6/10/13.

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*

*see home's attached plan of correction*

*See attachment E*

*page 6A of 6*

|                       |                                   |            |            |
|-----------------------|-----------------------------------|------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 03/29/2013 | 01/23/2013 |
|-----------------------|-----------------------------------|------------|------------|

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Recco PALADIN* Date *8/12/13*

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

The above plan of correction is approved as of 8/14/13 (Date)

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

Plan of correction implementation status as of 8/14/13 (Date)

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

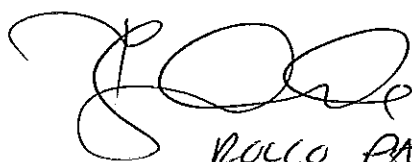
RECEIVED

## Plan of correction 2600.227(d)

WEST VIRGINIA  
STATE UNIVERSITY

1. On 6/10/13, Resident #2 was admitted onto the Secured Dementia Care Unit. A significant change RASP was completed within allowable timeframe. Resident #2 was transferred to another facility on 6/24/13.
2. On 8/30/13, an educational training session will be held on writing supervision needs on the support plan, for employees whom complete support plans (DON, Admissions Nurse, RN supervisor) by the Executive Director. Documentation will be kept.
3. As of 9/1/13, all new initial, annual, and significant change support plans will address the supervision needs of a resident while on facility grounds and while off of facility grounds.
4. During the week of 10/20/13, the Executive Director and DON will review 15 support plans dated after 9/1/13 to ensure proper supervision needs are addressed on the support plans. Documentation will be kept. If a resident has been assessed as needing excessive supervision which the home cannot provide the administrator or designated staff person will notify the physician who will then assess the level of care needed. If a higher level of care is needed, the administrator or designated staff person will assist the resident in finding a placement that will meet their needs in accordance with regulation 2600.228(h).

Immediately - A designated staff person on each shift will verbally communicate any changes to a resident's support plan related to supervision needs to all staff caring for the resident. A formal review will be conducted at least monthly. Documentation will be kept as 8/14/13



ROCCO PALLADINI

8/12/13

MARIA STEPANOVICH (MS) 8/14/13

Regional Licensing Approval of Plan of Correction

Maria Stepanovich