

**MAILING DATE:**

01/15/2014

Mr. Kevin Walsh, Executive Director  
Paramount Health Resources, LLC  
Paramount Senior Living of South Hills  
100 Knoedler Road  
Pittsburgh, Pennsylvania 15236

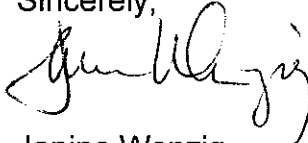
RE: #433410

Dear Mr. Walsh:

As a result of the Department of Public Welfare's licensing inspection on November 8, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,



Janine Wenzig  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

|   |  |                              |
|---|--|------------------------------|
| <b>PCH Name:</b> PARAMOUNT SENIOR LIVING AT SOUTH HILLS   |  | <b>License Number:</b> 43341 |
| <b>Address:</b> 100 KNOEDLER ROAD, PITTSBURGH, PA 15236   |  | <b>County:</b> Allegheny     |
| <b>Administrator:</b> KEVIN WALSH   |  | <b>Region:</b> WEST          |
| <b>Legal Entity Name:</b> PARAMOUNT HEALTH RESOURCES LLC  |  |                              |
| <b>Legal Entity Address:</b> 100 KNOEDLER ROAD, PITTSBURGH, PA 15236  |  |                              |
| <b>Certificate(s) of Occupancy</b>  |  |                              |
| I-1<br>07/07/2010<br>Baldwin Borough  | I-2<br>07/07/2010<br>Baldwin Borough   |                              |
| <b>Staffing Hours</b>   |  |                              |
| <b>Resident Support:</b> 0  | <b>Total Daily Staff:</b> 155  | <b>Waking Staff:</b> 116     |
| <b>Type of Inspection:</b> Partial  | <b>BHA Docket Number:</b>  | <b>Notice:</b> Unannounced   |
| <b>Reason(s) for Inspection(s)</b><br>Complaint, Indicator  |  |                              |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b><br>11/08/2013: Flinner-Alman, Lisa  |  |                              |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b>  |  |                              |
| <p><b>RECEIVED</b></p> <p>MAR 12 2014</p> <p>WEST VIRGINIA FIELD OFFICE<br/>Human Services Licensing</p>  |  |                              |
| <b>Other Details</b>  |  |                              |
| <b>Partial or Full Triggers:</b>  |  | <b>Random Indicators:</b>    |
| <b>Resident Demographic Data as of Inspection Dates</b>   |  |                              |
| <b>Licensed Capacity:</b> 125<br><b>Number of Residents Served:</b> 103<br><b>Secured Dementia Care Unit in Home:</b> No<br><b>Area:</b><br><b>Secured Dementia Unit Capacity, If Applicable:</b><br><b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b><br><b>Number of Current Hospice Residents:</b> 16<br><b>Number of Hospice Residents in past year:</b> 28 | <b>Number of Residents who:</b><br><b>Receive Supplemental Security Income:</b> 0<br><b>Are 60 Years of Age or Older:</b> 102<br><b>Have Mental Illness:</b> 0<br><b>Have an Intellectual Disability:</b> 0<br><b>Have a Mobility Need:</b> 52<br><b>Have a Physical Disability:</b> 1 |                              |

Violation Report: 43341 - 11/08/2013 - Flinger-Alman, Lisa  
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The vinyl on both arm rests on resident #1's wheelchair is severely cracked exposing the foam beneath the vinyl, posing a potential skin tear hazard.

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.

1. The arm rests on resident #1's wheelchair were replaced on November 9, 2013. The work was performed by the appropriate persons and reviewed by the Executive Director.
2. See policy attached 5 - D.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Scott Downer*

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

SCOTT DOWNER

E.D.

Date

3/11/14

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

The above plan of correction is approved as of

5/5/14  
(Date)

Plan of correction implementation status as of

5/9/14  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

Violation Report: 43341 - 11/08/2013 - Flinner-Alman, Lisa  
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

MAR 12 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

- 2600.182(c) - 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 medication cup or other appropriate container, or in the resident's hand.
  - (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 § 2600.182(b)(4).
  - (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 7/9/13, at approximately 8:45 p.m., staff person A administered resident #2's medication to resident #3.

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.

1. The medication error that occurred on 7/9/2013 in which staff person A administered resident #2's medication to resident #3 was reported to the DPW on 7/10/2013 by the DON.
2. There are in-services scheduled for 3/17/2014, 3/24/2014, and upon hire for nurses and med-techs.
3. The in-services will be two parts: (1) How to administer medications the right way and (2) Preventing medication errors and reporting medication errors properly.

Immediately - All staff who administer medications will be instructed to never give the medications of one resident to another resident. Proper medication ordering procedures used by the home will be reviewed with all staff who administer medications.

3-1-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Scott Downer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SCOTT DOWNER E.D. Date 3/11/14

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

The above plan of correction is approved as of 5/5/14 (Date)

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

Plan of correction implementation status as of 5/5/14 (Date)

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

Violation Report: 43341 - 11/08/2013 - Flinner-Alman, Lisa  
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST GUNSHION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

On 11/8/13, at 12:20 p.m., staff person B was carrying two cups of medications in a basket for residents #4 and #5. These medications were not scheduled for administration until 3 p.m.

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.

1. Staff person B, who was carrying two cups of medications in a basket for residents #4 and #5 at 12:20 PM, and those medications were not scheduled for administration until 3:00 PM, was immediately spoken to and educated on regulation 2600.183(a)(1).
2. There is an in-service scheduled for 3/17/2014 and 3/24/2014 that will cover (1) How to administer medications the right way.
3. Staff has been instructed to prepare medications for each resident, one at a time, with the med-cart in close proximity to the resident.

By 6/15/14. The administrator or designee will observe a medication pass of each staff person who administers medication at least weekly for one month to ensure proper procedures are followed.

R  
5/5/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Scott Downer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SCOTT DOWNER E.D.      Date 3/11/14

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

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

Plan of correction implementation status as of 5/5/14 (Date)

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

Violation Report: 43341 - 11/08/2013 - Flinner-Alman, Lisa  
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

REGIONAL FIELD OFFICE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

On 11/8/13, at 12:20 p.m., staff person B was passing medications to residents in the home's dining room. Staff person B did not sign the medication administration record after each resident was given his/her medications.

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.

- 1. Staff person B was educated on proper MAR documentation as outlined by 2600.187(b) immediately.
- 2. Scheduled in-service to be held on 3/17/2014 and 3/24/2014 on how to administer medications the right way to include proper MAR documentation.

By 6/15/14 - The administrator or designee will observe a medication pass of each staff person who administers medication at least weekly for one month to ensure proper procedures are followed.

5/15/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Scott Downer

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SCOTT DOWNER E.D. Date 3/11/14

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

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| The above plan of correction is approved as of <u>5/15/14</u><br>(Date)       | Plan of correction implementation status as of <u>5/15/14</u><br>(Date)   |
| The above plan of correction was approved by <u>[Signature]</u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 43341 - 11/08/2013 - Flinner-Alman, Lisa  
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION  
On 7/9/13, at approximately 8:45 p.m., staff person A administered resident #2's medication to resident #3. Staff person A did not at notify the resident's physician or designated person. Another staff person heard staff person A inform resident #3 that he/she was given the wrong medications. Staff person A did not admit the error to supervisory staff until approximately 10 p.m., after being asked by staff person C, the Director of Nursing.

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.

1. On 7/9/2013, the nurse supervisor initiated the appropriate reporting procedures to the resident's designated person and resident's physician at approximately 10:00 PM after being notified of the med error that occurred at 8:45 PM and staff person A was educated on the importance of immediate med error reporting.
2. Scheduled in-service to be held on 3/17/2014 and 3/24/2014 on preventing medication errors and reporting medication errors properly.

By 6/15/14 - The administrator or designee will review the medication administration record at least weekly to ensure medication errors are identified.

3/15/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Scott Downer

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SCOTT DOWNER E.D.      Date 3/11/14

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Plan of correction implementation status as of 5/15/14 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 2
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43341 - 11/08/2013 - Flinger-Alman, Lisa  
 PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

RECEIVED

1. REGULATION 55 Pa.Code §2600  
 2600.225(c) - The resident shall have additional assessments as follows:  
 (1) Annually.  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

MAR 12 2014

WEST CHESTER FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 The medical evaluation, dated 6/7/13, for resident #3, indicates diagnoses of anemia, dementia, restlessness, constipation and hyperlipidemia which are not indicated on the assessment, completed 8/1/13.

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.

1. The assessment, completed 8/1/2013 for resident #3, was amended on 11/11/2013 by the Executive Director to include the diagnoses of anemia, dementia, restlessness, constipation, and hyperlipidemia which were indicated on the medical evaluation dated 6/7/2013.
2. System put in place, effective 11/11/2013, to ensure assessments reflect the proper diagnoses as noted on the medical evaluations.
3. The system will allow for a minimum of two designated persons, including but not limited to the DON, Admissions Nurse, and Executive Director, to review assessments prior to them going on charts.
4. All persons involved with the assessments will sign at the appropriate time.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Scott Downer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SCOTT DOWNER F.D.      Date 3/11/14

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

|   |  |
|---|--|
| The above plan of correction is approved as of <u>3/5/14</u><br>(Date)        | Plan of correction implementation status as of <u>3/5/14</u><br>(Date)   |
| The above plan of correction was approved by <u>[Signature]</u><br>(Initials) | <input checked="" type="checkbox"/> Fully Implemented <i>o</i><br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 43341 - 11/08/2013 - Flinner-Alman, Lisa  
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #3 participated in the development of their support plan on 8/1/13. The resident did not sign the support plan.

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.

1. The support plan for resident #3 developed 8/1/2013 and participated in by the resident was signed on 11/11/2013 after being reviewed with the resident.
2. System put in place, effective 11/11/2013, to ensure support plans are signed by all persons involved in the development including but not limited to the resident.
3. The system will allow for a minimum of two designated persons, including but not limited to the the DON, Admissions Nurse, and Executive Director, to review support plans prior to them going on charts.
4. All persons involved with the support plans will sign at the appropriate time.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Scott Downer*

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

SCOTT DOWNER

E.D.

Date

3/11/14

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

The above plan of correction is approved as of

3/5/14  
(Date)

Plan of correction implementation status as of

3/5/14  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

MAR 12 2014

WEST VIRGINIA HILLS OFFICE  
Human Services Licensing

Violation Report: 43341 - 11/08/2013 - Flinner-Alman, Lisa  
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

1. REGULATION 55 Pa.Code §2600  
2600.227(i) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION  
On 11/8/13, Resident #3's support plan was saved on staff person D's computer and inaccessible to direct care staff.

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.

1. Resident #3's support plan was immediately recovered from staff person D's computer and made accessible to direct care staff.
2. Effective 11/11/2013, the DON or designated person will ensure that all assessments and support plans are accessible to direct care staff by initiating a chart review every three months.

*Immediately - updates will be added to printed support plans.*

*JSK/14*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Scott Downer*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) SCOTT DOWNER F.D.      Date 3/11/14

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

|  |  |
|--|--|
| The above plan of correction is approved as of <u>3/5/14</u><br>(Date)     | Plan of correction implementation status as of <u>5/5/14</u><br>(Date)   |
| The above plan of correction was approved by <u><i>J</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |