



APR 30 2014

Mr. James J. Cox, CEO
Paramount Senior Living at Peters Township, LLC
240 Cedar Hill Drive
McMurray, Pennsylvania 15317

RE: Paramount Senior Living at Peters Township
License #: 443460

Dear Mr. Cox:

As a result of the Department of Public Welfare's licensing inspection on November 20, 2013 and November 22, 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.

Your regular license for the period March 14, 2014 to March 14, 2015 was issued on December 2, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP		License Number: 44346
Address: 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317		County: Washington
Administrator: Kathleen Wahl		Region: WEST
Legal Entity Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC		
Legal Entity Address: 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317		
Certificate(s) of Occupancy		
I-1 11/16/2011 Peter's Township	I-2 11/16/2011 Peter's Township	Other 11/16/2011 Peter's Township
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 133	Waking Staff: 100
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 11/20/2013: Rosol, Jennifer; Mandock, Nancy 11/22/2013: Rosol, Jennifer; Mandock, Nancy		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED FEB 15 2014 WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 125 Number of Residents Served: 93 Secured Dementia Care Unit in Home: Yes Area: SDCU Secured Dementia Unit Capacity, if Applicable: 34 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 32	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 92 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 40 Have a Physical Disability: 4	

Violation Report: 44346 - 11/20/2013 - Rosol, Jennifer
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

Cash deposits were made to resident #1; however, the home did not obtain the resident's signature for the receipt of the disbursement as follows:

- * 5/3/12 for \$3.00
- * 10/1/12 for \$60.00

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 #1 signed next to the dates listed as receipt of cash disbursements that were made to her in the presence of the business office manager on November 20, 2013. See attachment "A".
2. All new residents will be informed and current residents will be reminded that each record of financial transaction must be signed.
3. The business office manager has been educated regarding this regulation and shall assure that each disbursement is appropriately signed by the resident.
4. Effective immediately and ongoing, a monthly review of all record of financial transactions will be made by the administrator and business office manager.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/31/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen M. Wahl*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen M. WAHL* Date *2-6-14*

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

The above plan of correction is approved as of <u>3-11-14</u> (Date)	Plan of correction implementation status as of <u>3-11-14</u> (Date)
The above plan of correction was approved by <u>SMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

FEB 06 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44346 - 11/20/2013 - Rosol, Jennifer
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 11/20/13, at 10:30 am, the temperature in the ice cream freezer, in the kitchen measured 6 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.

1. The temperature of the ice cream freezer was immediately lowered upon surveyor's notification on 11/20/13. When the surveyors returned on 11/22/13, the temperature was checked in the ice cream freezer and the thermometer read below zero degrees.
2. Effective immediately and ongoing in order to prevent a similar violation, new and existing staff is oriented on the proper function of the ice cream freezer and that the thermometer should always read below zero degrees.
3. The Dietary Manager has added the ice cream freezer to the freezer/refrigerator temperature log and will be checked on a daily basis by the Dietary Manager or its designee. See attachment "B".

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/31/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle M. Wahl

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

Michelle M. Wahl

Date

2-6-14

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The above plan of correction is approved as of

3-11-14
(Date)

Plan of correction implementation status as of

3-11-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *SMP*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SMP
(Initials)

Violation Report: 44346 - 11/20/2013 - Rosol, Jennifer
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

There are currently 93 residents residing in the home, requiring a minimum of 279 gallons of emergency drinking water. However, the home only has 140 gallons of emergency drinking water on-site and the contractual agreement, dated 1/31/13, with Turner's Dairy Farms does not include the amount of water that will be delivered or that the water will be delivered as a priority, even in the event of a regional general emergency.

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. As of January 13, 2014, the facility has 349 gallons of water on site which this amount exceeds the 3-day supply of drinking water for residents. We currently have 102 residents, including independent residents, therefore adequate emergency water for each resident for 3 days.
2. A restructured Agreement with Turner Dairy Farms, Inc. that in addition to the water stored on site, that Turner Dairy Farms will deliver an additional 120 gallons of sanitary drinking water upon notice, within 24 hours. See attachment "C".
3. The Dietary Manager or its designee will monitor on a monthly basis that there is enough stored drinking water for all residents in facility for a 3 day supply. See attachment "D".

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rachel M. Waal*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rachel M. Waal* Date *2-6-14*

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(Date)

Plan of correction implementation status as of 3-11-14
(Date)

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

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

Violation Report: 44346 - 11/20/2013 - Rosol, Jennifer
 PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

1. REGULATION 55 Pa.Code §2600
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedure includes a fire watch policy; however, it indicates a fire watch would be implemented only after the fire alarm system is out of service for more than 4 hours in a 24 hour period.

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. Effective immediately and ongoing, see attachment "E" regarding the change to the Fire Watch Procedures policy to read that the plan of action will be implemented immediately.
2. A mandatory in-service for all employees is scheduled on February 18, 2014 and February 20, 2014 to educate all employees on Fire Watch Procedures. See Attachment "J".

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen M. Wahl*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen M. Wahl</i>	Date <i>2-12-14</i>
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Violation Report: 44346 - 11/20/2013 - Rosol, Jennifer
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

1. REGULATION 66 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 The home has a no smoking policy; however, resident #2 is permitted to smoke on his/her patio. The cushions, on the patio furniture in the smoking area, are not fire resistant.

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 now has fire resistant cushions for outdoor patio furniture as evidence by fire resistant tag on cushion. See attachment "F".
2. On admission, resident furniture will be inspected for fire resistant approval tags for residents who smoke.
3. Beginning February and monthly thereafter, the Maintenance Director or its designee will inspect that proper safeguards are in place, including fire resistant furniture, for those residents who smoke outside on their patio.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen M Wahl</i>	Date <i>2-12-14</i>
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Violation Report: 44348 - 11/20/2013 - Rosol, Jennifer
 PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

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.

RECEIVED

FEB 13 2014

**WEST REGION FIELD OFFICE
 Human Services Licensing**

2a. DESCRIPTION OF VIOLATION

The November 2013 medication administration record (MAR) for resident #3 includes Ferrous Fumarate 324 mg; however, the label on the bottle indicates Ferrous Sulfate 325 mg.

Also, the MAR for resident #3 includes Travatan Z 0.004%; however, the label on the box indicates Latanoprost 0.005%.

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. When discrepancy was found, the physician was notified, and the order was received to reflect the prescription that was being administered to resident. Resident is receiving Ferrous Sulfate 325 mg which matches the label on the bottle of medication and the MAR. See attachment "G".
2. When discrepancy was found, the physician was notified, and order was received to reflect the prescription that was being administered to resident. Resident is receiving Latanoprost 0.005% which matches the label on the bottle of medication and the MAR. See attachment "H".
3. Effective immediately and ongoing, when a resident receives mail order medications, the nurse will compare the bottle medication with the physician's order and MAR. If any discrepancy, physician will be notified for further instruction.
4. All new orders are verified/relined within 24 hours by a licensed professional.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rathleen M. Wahl*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rathleen M. Wahl* Date *2-6-14*

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Violation Report: 44346 - 11/20/2013 - Rosol, Jennifer
 PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

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
 Resident #2 is prescribed Zolpidem Tartrate 5mg, take one tablet at bedtime as needed for insomnia. The resident's November 2013 medication administration record included initials of staff administering the medication at 10:53 p.m. and again at 11:17 p.m. on 11/11/13.

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.

1. On 2/12/14, staff member was counselled on the importance of correct procedure for documentation of medication administration in the MAR, including the date and time of medication administration, and name and initials of the staff person administering the medication.
2. On 2/18/19 and 2/20/19, a mandatory in-service will be provided by the Director of Nursing and [REDACTED] of Johnson's Pharmacy to all medication administrators. Topics of discussion will include medication administration and the importance of correct documentation of all medications. See attachment "I".
3. The DON or its designee will review the EMAR system on a daily basis and will do 5 documentation audits of previously administered PRN medications.

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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)			Date

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Violation Report: 44346 - 11/20/2013 - Rosol, Jennifer
 PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

1. REGULATION 55 Pa.Code §2600
 2800.225(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 assessment dated 7/10/13 for resident #4, indicates the resident is able to safely use and avoid poisons; however, the resident resides in the secured dementia care unit and has a primary diagnosis of dementia.

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. Upon notification of discrepancy, the assessment was for Resident #4 was amended to reflect that resident is unable to safely use and avoid poisons.
2. The DON audited all assessments for residents on the secured dementia care unit and all residents assessments reflect that residents are unable to safely use and avoid poisons.
2. Effective immediately and ongoing, the Admissions Director will complete the assessment for new admissions/readmissions to the dementia unit. The Director of Nursing or its designee will review the assessment for accuracy.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen M. Wohl*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathleen M. Wohl* Date *2-12-14*

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 (Initials)

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