



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 28 2014

Mr. Rocco Palladini, Executive Director
Paramount Senior Living at Bethel Park, LLC.
5785 Baptist Road
Bethel Park, Pennsylvania 15102

RE: Paramount Senior Living at Bethel Park
License #: 440880

Dear Mr. Palladini

As a result of the Department of Public Welfare's licensing inspection on February 20, 2014 and February 24, 2014 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 May 28, 2014 to May 28, 2015 was issued on February 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

SH

Enclosure
License Inspection Summary

**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								
Legal Entity Address: 5785 BAPTIST ROAD, BETHEL PARK, PA 15102		RECEIVED						
Certificate(s) of Occupancy <table border="0"> <tr> <td>I-1</td> <td>I-2</td> </tr> <tr> <td>10/29/2009</td> <td>10/29/2014</td> </tr> <tr> <td>Bethel Park</td> <td>Bethel Park</td> </tr> </table>			I-1	I-2	10/29/2009	10/29/2014	Bethel Park	Bethel Park
I-1	I-2							
10/29/2009	10/29/2014							
Bethel Park	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 02/20/2014: Miller-Linhart, Alden; Mazza, Larry 02/24/2014: Miller-Linhart, Alden; Mazza, Larry								
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: 109 Secured Dementia Care Unit in Home: Yes Area: 3rd floor of the PCH Secured Dementia Unit Capacity, if Applicable: 28 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 14 Number of Hospice Residents in past year: 76	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 61 Have a Physical Disability: 2							

Violation Report: 44088 - 02/20/2014 - Miller-Linhart, Aiden
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

02/20/2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 2/20/2014, at 10:45 a.m, there were records for the residents of rooms 100-120 unlocked, accessible, and unattended, in the cabinets located in the first floor nursing office.

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 9

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

[Signature]
Rocco Palladini EXEC DIRECTOR 6-30-14

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

The above plan of correction is approved as of 7/8/14
(Date)

Plan of correction implementation status as of 7/8/14
(Date)

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

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





RECEIVED

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.17

1. The first floor nurse's station was locked.
2. Nursing staff was educated on 2/26/14 at monthly meeting regarding maintaining compliance with this regulation. Documentation was kept. (see attachment 1)
3. All nurse's station locks were checked for functionality by the Maintenance Director on 7/1/14. Documentation was kept. (see attachment 2)
4. Starting 7/7/14, the Executive Director or designee will inspect home for compliance with this regulation weekly until 1/15/14. Documentation will be kept.
5. Nursing staff will be reeducated by 8/1/14 at the monthly meeting regarding maintaining compliance with this regulation. Documentation will be kept.


7/3/14


7/8/14

Violation Report: 44088 - 02/20/2014 - Miller-Linhart, Alden
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 2/20/2014 at 10:38 a.m., there was a 10 oz. spray can of Equate sunscreen with a manufacturer's label indicating "If swallowed, get medical help or contact a physician," unlocked and accessible to residents in the unlocked cabinet in the activity room in the third floor Secure Dementia unit. All residents of the home, including those in the Secure Dementia Care Unit, have not been assessed as capable of safely using and avoiding poisons.

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 9

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)

Nicole Palladino, DPT EXECUTIVE DIRECTOR

Date 6-30-14

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

The above plan of correction is approved as of

7/8/14
(Date)

Plan of correction implementation status as of

7/8/14
(Date)

The above plan of correction was approved by

(Initials)

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

RECEIVED



WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.82(c)

1. Spray can of Equate sunscreen was removed from cabinet and properly secured to be inaccessible to residents whom are not capable of safely using and avoiding poisons.
2. Executive Director or designee will complete an inspection of home to ensure compliance with regulation monthly until 1/1/15. Documentation will be kept. (see Attachment 3)
3. All locks in which "poisonous materials" may be kept were checked for proper functionality by the Maintenance Director on 7/1/14. Documentation was kept. (see Attachment 2)
4. Housekeeping, Nursing, and Activity staff will be educated on regulation regarding proper identification of "poisonous materials" and proper storage to ensure compliance by 8/1/14. Documentation will be kept.

By 8/1/14. A designated staff person, daily and on each shift, will monitor the home to ensure poisons are locked.

JT
7/8/14

JAC 7/13/14

Violation Report: 44088 - 02/20/2014 - Miller-Linhart, Alden
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

On 2/20/2014, none of the required emergency telephone numbers were posted on or nearby the telephones next to the director's office or the 3rd floor South Secure Dementia Care Unit kitchenette.

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 9

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 PARADISI, DPT EXECUTIVE DIRECTOR

Date 6-30-14

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

The above plan of correction is approved as of

7/8/14
(Date)

Plan of correction implementation status as of

7/8/14
(Date)

The above plan of correction was approved by

(Initials)

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

RECEIVED

2014 06 19

WEST REGION FIELD OFFICE
Human Services Licensing



Regulation 2600.91

1. Emergency telephone numbers were posted nearby the phone outside the Dietary Director's office as well as the phone inside the SDCU kitchenette.
2. 2/26/14. All phones with an outside line within the home were confirmed to meet compliance with regulation by the Housekeeping Director. Documentation was kept. (Attachment 4)
3. Staff education to Admissions Nurse, Housekeeping Director, and Director of Nursing regarding regulation on 3/13/14. Documentation was kept. (Attachment 5)
4. Admissions Nurse and Housekeeping Director will be responsible for ensuring compliance with regulation for all new admissions to the home, and be responsible for maintaining compliance throughout the home.
5. Executive Director or designee will perform bi-monthly inspections until 1/1/15 to ensure compliance with regulation. Documentation will be kept. (see Attachment 6)

[Handwritten signature]
7/8/14

[Handwritten signature] 7/3/14

Violation Report: 44088 - 02/20/2014 - Miller-Linhart, Alden
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

02 08 2014

WEST VIRGINIA OFFICE
Human Services

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

On 2/20/2014, the home served 105 residents; 176 gallons of emergency drinking water are stored on site. The home has a contract, dated 1/20/2014, with Turner Dairy to deliver an additional water supply within 24 hours upon notice; however the contract does not include:

- The amount of water to be delivered
- A guarantee that the water will be delivered as a priority even in the event of a regional 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.

See Page 5A of 9

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)	Date

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

The above plan of correction is approved as of <u>7/8/14</u> (Date)	Plan of correction implementation status as of <u>7/8/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>24</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



RECEIVED

WEST VIRGINIA
Nursing Center

Regulation 2600.107(c)

On 6/26/14, additional gallons of emergency drinking water were ordered to bring the on-site total to 375 gallons of water. This additional water was delivered on 7/2/14.

By 8/1/14. The administrator or designee will, monthly, monitor the stored water to ensure that 3 gallons per residence are stored on site.

JL 7/14

BOO 7/13/14

Violation Report: 44088 - 02/20/2014 - Miller-Linhart, Alden
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
On 2/10/2014, the current menu for the week of 2/17/2014- 2/23/2014 was posted by the mailboxes on the first floor of the home; however, the menu for the upcoming week was not posted.

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 9

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) Paulo Paladini, MD EXECUTIVE DIRECTOR Date 6-30-14

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

The above plan of correction is approved as of 7/1/14
(Date)

Plan of correction implementation status as of 7/1/14
(Date)

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

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



Page 1A of 9

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WEST...
Hum...

Regulation 2600.162(c)

1. Menu for dates 2/24/14 thru 3/2/14 were posted on the first floor of the home.
2. 3/3/14. Activities Director and Dietary Director were educated on regulation 2600.162(c). Documentation was kept. (see Attachment 7)
3. Activities Director or designee will be responsible for posting ^{current menus and} menus one week in advance in a conspicuous and public place in the home.
4. Executive Director documented compliance checks from 3/3/14 to 7/1/14 to ensure continued compliance with regulation. Documentation was kept. (see Attachment 8)

Handwritten initials/signature

Handwritten signature and date: 7/3/14

Handwritten signature and date: 7/3/14

Violation Report: 44088 - 02/20/2014 - Miller-Linhart, Alden
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Carbidopa -Levo ER 25/100, 2 tablets 3x times a day, at 6 a.m., 11 a.m., 4 p.m.; however, the medication label indicates medication administration times as 9 a.m., 1 p.m., and 4 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.

See Page 7A of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

PAUL PALADINI, MD EXECUTIVE DIRECTOR

Date *6-30-14*

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

The above plan of correction is approved as of 7/8/14
(Date)

Plan of correction implementation status as of 7/8/14
(Date)

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

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

Page 7A of 9

RECEIVED

08/08/14

WEST REGION FIELD OFFICE
Human Services Licensing



Regulation 2600.184(a)

1. 2/25/14. Resident #2's order for Carbidopa was clarified and a change of direction sticker was placed on the medication label.
2. 2/26/14. Nursing staff educated on compliance with regulation: proper labeling and contents of labels of prescription medication in the original container. Nursing staff educated on use of change of direction stickers on the pharmacy label if there is a change in the order per M.D. Nursing staff educated on performing checks when comparing MAR to pharmacy label. Documentation was kept. *(see Attachment 1)*
3. Director of Nursing will perform med cart audits of 10 residents monthly until 1/15/14 to ensure compliance with regulation starting 7/7/14. Documentation will be kept.
4. Nursing staff will be reeducated on compliance with regulation by 8/1/14: proper labeling and contents of labels of prescription medication in the original container. Nursing staff will be reeducated on use of change of direction stickers on the pharmacy label if there is a change in the order per M.D. Nursing staff be reeducated on performing checks when comparing MAR to pharmacy label. Documentation will be kept.

[Handwritten signature]
7/2/14

[Handwritten signature] 7/13/14

Violation Report: 44088 - 02/20/2014 - Miller-Linhart, Alden
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered Glucagen 1mg Hypokit; however, the medication was not available in the home on 2/24/2014.

Resident #4 is ordered Lorazepam 0.5 mg, as needed. On 2/17/2014, 30 tablets were filled at the pharmacy. On 2/24/2014, 26 pills remained; however, the medication administration record for February 2014 does not indicate that any of this medication was administered to the resident.

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 8A of 9

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 7/18/14
(Date)

Plan of correction implementation status as of 7/18/14
(Date)

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

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

Page 8A of 9
RECEIVED
WEST REGION FIELD OFFICE
Human Services Licensing



Regulation 2600.185(a)

1. Resident #3's Glucagen 1mg Hypokit was delivered to the facility on 2/24/14.
2. 2/26/14. Nursing staff educated on compliance of regulation: properly signing out medication, including PRNs, on the MAR and charting as appropriate for effectiveness on the MAR and resident record. Nursing staff educated on ensuring all medication that has a current order is within the facility and stored properly. Reorders need to be completed every day if necessary. Reorder procedure reviewed. Documentation was kept. (Attachment 1)
3. All Lorazepam is currently being treated as controlled substance, stored and counted appropriately.
4. Director of Nursing will perform med cart audits of 10 residents monthly until 1/15/14 to ensure compliance with regulation starting 7/7/14. Documentation will be kept.
5. Nursing staff will be reeducated on compliance of regulation: properly signing out medication, including PRNs, on the MAR and charting as appropriate for effectiveness on the MAR and resident record. Nursing staff will be reeducated on ensuring all medication that has a current order is within the facility and stored properly. Reorders need to be completed every day if necessary. Reorder procedure will be reviewed. Documentation will be kept.

Q 7/8/14

JCC 7/13/14

Violation Report: 44088 - 02/20/2014 - Miller-Linhart, Alden
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGION FIELD OFFICE
Human Services Licensing

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

The support plan, dated 12/23/2013, for resident #5, does not address how the home will meet the resident's needs relating to diagnoses of muscle weakness and anemia, which are indicated in the assessment, dated 12/23/2013.

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 9A of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rocco Palladino

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

ROCCO PALLADINO, DM EXECUTIVE DIRECTOR

Date 6-30-14

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

The above plan of correction is approved as of

7/8/14
(Date)

Plan of correction implementation status as of

7/8/14
(Date)

The above plan of correction was approved by

R
(Initials)

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



Page 4A of 9
RECEIVED

JUL 16 2014
WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.227(d)

1. On 2/26/14, Resident #5's support plan was updated to include a plan to meet his needs for muscle weakness and anemia. This was completed by the Admissions Nurse [REDACTED]
2. Staff education provided to staff that complete support plans. Director of Nursing and Admissions Nurse were educated regarding compliance with regulation 2600.227(d) on 2/26/14. Documentation was kept. (see Attachment 9)
3. Executive Director will review the next 20 Support Plans that are completed to ensure compliance with regulation (all needs are being met and a designated person is chosen) starting 7/7/14. Documentation will be kept.

7/18/14

[Signature] 7/13/14