



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 18 2015

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 Human Services' licensing inspection on March 26, 2015 and March 27, 2015 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, 2015 to March 14, 2016 was issued on November 24, 2014. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director  
/s/

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: Ross Maola		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 / I-2 / A-2 11/16/2011 Peters Township		<b>RECEIVED</b>  MAY 05 2015 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 138	Waking Staff: 104
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/26/2015: Pfaff, Vicki; Park, Beth 03/27/2015: Pfaff, Vicki; Park, Beth		
<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 Number of Residents Served: 100 Secured Dementia Care Unit in Home: Yes Area: Rooms 200-216 Secured Dementia Unit Capacity, if Applicable: 34 Number of Residents Served in Secured Dementia Care Unit, if applicable: 27 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 29	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 98 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 38 Have a Physical Disability: 3	

Violation Report: 44346 - 03/26/2015 - Pfaff, Vicki  
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

MAY 05 2015

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 #1's Medication Administration Record (MAR) reads Polyethylene Glycol 255gr-Mix 1 capful, into 8oz of beverage Monday, Tuesday, Wednesday, Friday, and Sunday; however, the label reads Polyethylene Glycol 255gr-Mix 1/2 capful, into 8oz of beverage Monday, Tuesday, Wednesday, Friday, and Sunday.

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.

Violation 2600.184(a)

In this situation a medication was currently in the medication cart and a change of the order was written. A change of medication direction sticker was not placed on the medication. Effective 4-30-15 and ongoing, a medication order received will be reviewed and signed by the nurse receiving the order. This order will then be faxed to the pharmacy to be filled and transcribed onto the resident's electronic medication record. The licensed personnel will review the order from the physician, against the order on the resident's medication record and the medication itself. The licensed nurse will complete a change of direction sticker and place it on the medication. The night nurse will then check the physicians order, medication record and the medication change label all coincide with each other. Once all information is correct, the nurse will then "red line" the order showing accuracy.

An in-service to all licensed nursing personnel reviewing the plan of correction and the 5 rights of medication administration was held. See sign in sheets for attendance, date and time.

See Page 2A of 3

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Ross Maula</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>ROSS MAULA EXEC. DIR.</i>	<i>5-4-15</i>

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

The above plan of correction is approved as of <u>5-8-15</u> (Date)	Plan of correction implementation status as of <u>5-8-15</u> (Date)
The above plan of correction was approved by <u>f</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44346 - 03/26/2015 - Pfaff, Vicki  
 PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

**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.

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MAY 07 2015

WEST REGION FIELD OFFICE

Human Services Licensing

**2a. DESCRIPTION OF VIOLATION**

Resident #1's Medication Administration Record (MAR) reads Polyethylene Glycol 255gr-Mix 1 capful, into 8oz of beverage Monday, Tuesday, Wednesday, Friday, and Sunday; however, the label reads Polyethylene Glycol 255gr-Mix 1/2 capful, into 8oz of beverage Monday, Tuesday, Wednesday, Friday, and Sunday.

**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.

Violation 2600.184(a)

A change of medication sticker was placed on resident #1's medication on March 27, 2015.

An audit of all medications will be performed by pharmacy on 5-15-15. A monthly audit will be performed of all medications that require a change of direction sticker. This audit will be complete by DON/Designee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	ROSS MAOLA
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
ROSS MAOLA EXEC. DIR.	5-7-15

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

Violation Report: 44346 - 03/26/2015 - Pfaff, Vicki  
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

MAY 05 2015

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

WEST REGION FIELD OFFICE  
Human Services Licensing

- (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.

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation dated 3/2/15 indicates a mechanical soft diet and a diagnosis of anemia; however, these needs are not addressed on the resident's assessment dated 3/6/15.

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.

Violation 2600.225

Effective immediately and ongoing, upon a resident's annual assessment and/or significant change, the Director of Nursing will complete an assessment and support plan according to the medical evaluation. Upon completion, the assessment and medical evaluation will be given to the facility administrator or designee for review and accuracy. The administrator or designee will date and sign the assessment and support plan to verify information is correct and resident's needs are updated. The plan of correction was discussed with the Director of Nursing, Admissions Nurse and the Executive Director.

See Page 3A of 3

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Ross Madla</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>ROSS MADLA EXEC. DIR.</i>	<i>5-4-15</i>

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

Violation Report: 44346 - 03/28/2015 - Pfaff, Vicki  
POH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

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WEST REGION FIELD OFFICE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation dated 3/2/15 indicates a mechanical soft diet and a diagnosis of anemia; however, these needs are not addressed on the resident's assessment dated 3/6/15.

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.

Violation 225(c)

Resident #2 RASP was updated with diagnosis and diet on March 27, 2015.

The DON/Designee will review all DME's and support plans for accuracy by 5-15-15 to ensure all diagnosis are documented on both forms. A checklist will be maintained for completion of each resident when complete. A monthly audit of all new admissions and readmissions will be audited for the next 6 months. The DON/Admissions Nurse/Nursing supervisor/Executive Director/Designee have been educated and In-serviced.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ross Maola*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROSS MAOLA EXEC.DIR.*      Date *5-7-15*

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The above plan of correction is approved as of 5-8-15 (Date)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

The above plan of correction was approved by \_\_\_\_\_ (Initials)