



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 03 2016

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

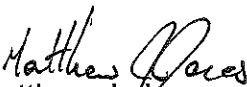
RE: Paramount Senior Living at Bethel Park  
License #: 440880

Dear Mr. Palladini:

As a result of the Department of Human Services' annual licensing inspections on June 18, 2015, June 19, 2015 and June 22, 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.

Sincerely,

  
Matthew J. Jones  
Director <sup>SH</sup>

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: Christina Shope		Region: WEST
Legal Entity Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC		
Legal Entity Address: 5785 BAPTIST ROAD, BETHEL PARK, PA 15102		<b>RECEIVED</b>
Certificate(s) of Occupancy I-1 10/29/2009 Bethel Park		JAN 04 2015 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 147	Waking Staff: 110
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/18/2015: Garrigan, Laurie; Cutter, Jan 06/19/2015: Garrigan, Laurie; Cutter, Jan 06/22/2015: Garrigan, Laurie		
<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: 101 Secured Dementia Care Unit in Home: Yes Area: 3rd floor Secured Dementia Unit Capacity, if Applicable: 28 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 52	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 101 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 46 Have a Physical Disability: 2	

Violation Report: 44088 - 06/18/2015 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGION FIELD OFFICE  
Human Services Licensing

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

At approximately 7:30 AM on 6/17/15, resident #1 made an allegation of physical abuse involving staff person A to staff person B, the administrator. The home did not report this incident to Area Agency on Aging until 6/19/15 at 5:41 PM.

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 page 2a of 6*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Christine Shope*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Christine Shope, Executive Director* Date *12/28/15*

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

The above plan of correction is approved as of 1/5/16  
(Date)

Plan of correction implementation status as of 1/5/16  
(Date)

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

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

12/28/15

**Regulation 2600.15 (a)**

1. As of 12/28/15, all allegations regarding suspected physical abuse of a resident will be reported immediately in accordance with OAPSA (35 P.S. Sections 10225.71 – 10225.707) and Pa. Code Sections 15.21 – 15.27. Any future allegations of abuse will be reported by the Administrator or designee. The facility will comply with the requirements regarding restrictions on staff persons.
2. On 6/23/2015, the Administrator reeducated the Department Managers in regards to mandatory abuse reporting. In the event of a future abuse allegation, the Department Manager will notify the Facility Administrator immediately. Reporting of incident will comply with regulatory guideline. (Please refer to attachment 1)
3. On 10/23/2015 a Mandatory Abuse Training, conducted by Protective Services, was presented at the facility. The covered topics included: Resident Rights Training, Resident Abuse Education, and Mandatory Abuse Reporting. Mandatory attendance was required for all direct care staff. Please refer to attached record of training. (Attachment 2)
4. Abuse reporting will be covered in monthly nursing meeting through June 2016.

*Christine Shope 12/28/15*

Christine Shope, Executive Director

Violation Report: 44088 - 06/18/2015 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

At approximately 7:30 AM on 6/17/15, resident #1 made an allegation of physical abuse involving staff person A to staff person B, the administrator. Staff person A worked unsupervised in the home from 11:00 pm on 6/17/15 to 7:00 am on 6/18/15.

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. *See attached*

*See page 3a of 6*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Christine Shope*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Christine Shope, Executive Director* Date *12/28/15*

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

The above plan of correction is approved as of 1/5/16  
(Date)

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

Plan of correction implementation status as of 1/5/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *g.v.*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

JAN 14 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

12/28/15

**Regulation 2600.15 (b)**

1. Staff person A's employment was suspended on 6/19/2015, and reinstated when allegation was determined unfounded by the Department of Human Services.
2. Effective immediately, an immediate plan of supervision or an immediate suspension of employment will be issued for a staff person involved in an alleged incident of abuse.
3. On 6/23/2015 the Administrator reeducated the Department Managers on the procedure for implementing immediate direct supervision or immediate suspension for a staff person with alleged involvement in an abuse allegation. The Administrator will receive immediate notification regarding any future allegations of abuse, and ensure a direct plan of supervision or suspension of employment is initiated in accordance with regulation. (Please refer to attachment 1)

*Christine Shope 12/28/15*

Christine Shope, Executive Director

Violation Report: 44088 - 06/18/2015 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

JAN 24 2015

1. REGULATION 55 Pa.Code §2600

EAST REGION FIELD OFFICE  
Human Services Licensing

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

At approximately 7:30 AM on 6/17/15, resident #1 made an allegation of physical abuse involving staff person A to staff person B, the administrator. The home did not report this incident to the Department until 6/19/15 at 4:30 PM.

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 page 4a of 6*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Christine Stupe*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Christine Stupe, Executive Director* Date *12/28/15*

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

The above plan of correction is approved as of 1/5/16  
(Date)

Plan of correction implementation status as of 1/5/16  
(Date)

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

The above plan of correction was approved by *gk*  
(initials)

12/28/15

**Regulation 2600.16 (c)**

1. As of 12/28/2015, the Administrator or designee will report any future physical abuse allegations 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. In addition, abuse reporting will follow the guidelines in section 2600.15, relating to abuse reporting covered by law.
2. On 10/23/15, a mandatory in-service, conducted by Protective Services, was held at the PCH. One of the topics addressed included the procedure for reporting abuse.
3. The procedure for abuse reporting, in accordance with regulatory guidelines, will be reinforced at nursing meetings through June 2016.

*Christine Shope 12/28/15*

Christine Shope, Executive Director

Violation Report: 44088 - 06/18/2015 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

EAST 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 12/11/14 at approximately 9:30 AM, staff person C brought medications for resident #2 and resident #3, in separate medication cups, into resident #2's room and administered resident #2 his/her medications. Staff person C then exited the room but left resident #3's medications unlocked and unattended on the counter in resident #2's room. Staff person D noticed the medications on the counter after assisting resident #2 with a shower, moved the medications to the table and went to get the nurse. Resident #2 was left alone with the medications on his/her table. When staff person C returned to the room, resident #2 was observed taking resident #3's medication. Resident #2 had to be transported by ambulance to Jefferson hospital and was admitted.

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 page 5a of 6*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Christine Shape*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Christine Shape, Executive Director* Date *12/28/15*

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(Date)

Plan of correction implementation status as of 1/5/16  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *9/12*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

JAN 06 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

12/28/15

**Regulation 2600.182 (c)**

1. The medication error, which occurred on 12/11/14, was addressed immediately in compliance with 2600.188. Prompt and appropriate treatment was initiated.
2. On 12/12/14 the Director of Nursing reeducated staff person C in regards to the Five Rights of Medication Administration and the Three Checks of Medication Administration. In addition, staff person C was observed during a medication pass conducted on 12/12/14. Documentation of staff reeducation and medication pass observation was kept. (please refer to attachment 5)
3. As of 12/28/2015, proper medication administration procedures will be reviewed during monthly nursing meetings until June 2016.
4. Facility will continue required direct care staff training requirement as per regulation.

*Christine Shope 12/28/15*

Christine Shope, Executive Director

Violation Report: 44088 - 06/18/2015 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

EAST 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

Resident #4's nurses' progress notes indicate he/she has fallen thirteen times since his/her admission on [redacted] 14, to include the following times:

- \* 8/27/14 Unwitnessed fall, resident found on floor beside bed laying on left side, no injuries
- \* 9/06/14 Resident found lying on floor, no injuries
- \* 9/12/14 Resident found on floor in a supine position, unwitnessed fall, skin tear to right elbow
- \* 10/02/14 Resident's alarm sounded. Resident was found laying on floor in a supine position, no injuries
- \* 10/11/14 Resident found in a supine positions on floor, no injuries
- \* 10/15/14 Resident found on knees w/ head laying on bed. Resident stated he/she fell out of bed, no injuries
- \* 10/29/14 Resident found lying on floor between bed + chair in room, no injuries
- \* 11/15/14 Resident found on the floor in bathroom sitting in an upright position, no injuries
- \* 1/12/15 Resident was found on floor lying on back between wheelchair and bed, no injuries
- \* 2/15/15 Resident on floor in supine position next to recliner, no injuries
- \* 2/23/15 Unwitnessed fall. Resident found on the floor in a supine position, swollen area at base of skull, sent to emergency room
- \* 4/21/15 Resident found on floor in front of recliner, no injuries
- \* 4/24/15 Resident discovered lying on floor in front of recliner, no injuries

However, resident #4's support plan, dated 8/25/14, was not updated to address how the home will meet the resident's needs relating to resident #4's history of falls.

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 page 6a of 6*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/20/2014		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Christine Shope*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Christine Shope, Executive Director* Date *12/28/15*

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(Date)

Plan of correction implementation status as of 1/5/16  
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

RECEIVED

JAN 24 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

12/28/15

**Regulation 2600.227 (d)**

1. On 6/23/15 the resident's support plan was updated to indicate the following:
  - Resident has a history of frequent falls
  - A companion (provided by the family) is assigned to the resident during daylight hours. Companion will alert staff of restlessness or observed safety concerns
  - Frequent monitoring implemented
  - Staff will provide pendant use reminders  
(Please refer to attachment 3)
2. On 6/23/15, Staff members who assist in the implementation, completion, and oversight of RASP's were reeducated on proper support plan documentation in accordance with 2600.227 (d) (Please refer to attachment 4)
3. On 12/1/15 a new RASP was initiated, reflecting a significant change. Resident's falls have decreased secondary to change of transfer needs (Hoyer lift). Current updated needs are reflected most recent RASP.

4. Within 30 days of receipt of plan of correction - a designated staff person will review all current residents' support plans to ensure that they include all current care needs and services. Documentation of the review shall be kept. p.v. 1/5/16

*Christine Shope 12/28/15*

Christine Shope  
Executive Director