



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 9, 2016

Mr. James J. Cox, CEO
Paramount Health Resources, LLC
Paramount Senior Living of South Hills
100 Knoedler Road
Pittsburgh, Pennsylvania 15236

RE: Paramount Senior Living at South Hills
#433410

Dear Mr. Cox:

As a result of the Department of Human Services' licensing inspection on August 20, 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,

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS		License Number: 43341
Address: 100 KNOEDLER ROAD, PITTSBURGH, PA 15236		County: Allegheny
Administrator: Rocco Palladini		Region: WEST
Legal Entity Name: PARAMOUNT HEALTH RESOURCES LLC		
Legal Entity Address: 100 KNOEDLER ROAD, PITTSBURGH, PA 15236		RECEIVED
Certificate(s) of Occupancy I-1 07/07/2010 Borough of Baldwin		FEB 08 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 145	Waking Staff: 109
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/20/2015: Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 125 Number of Residents Served: 97 Secured Dementia Care Unit in Home: Yes Area: Rooms 200 to 216 Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 15 Number of Hospice Residents in past year: 25	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 97 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 48 Have a Physical Disability: 0	

Violation Report: 43341 - 08/20/2015 - Georgoulis, Karen
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). The home is currently using the term as follows: The home's web site (<http://www.paramountseniorliving.com/personal-care/>) indicates "Personal Care Assisted Living".

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.

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will ensure the term "Assisted Living" is not used by the home in any written materials including, but not limited to, resident contracts, documents posted in the home, website materials, and advertising materials. 2-8-16

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated the term assisted living may not be used by the home in any written materials including, but not limited to, resident contracts, documents posted in the home, website materials, and advertising materials. Documentation of education shall be kept. 2-8-16

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) *Bryan Evans*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Bryan Evans, Executive Director* Date *2/5/16*

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The above plan of correction is approved as of 2-8-16
(Date)

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

Plan of correction implementation status as of 2-8-16
(Date)

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

Plan of Correction 2600.18

The term "Assisted Living" will be removed from the home's website by 2/10/16.

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FEB 9 2016

WEST REGION FIELD OFFICE
Human Services Licensing

2-8-16g

[Handwritten signature] 2/7/16
Executive Director

Violation Report: 43341 - 08/20/2015 - Georgoulis, Karen
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

FEB 08 2016

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was a 2" by 2" area of feces above the grab bar on the bathroom wall of room #208.

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.

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on maintaining sanitary conditions including immediately correcting or reporting any unsanitary conditions. Documentation of education shall be kept. 2-8-16

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) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Raymond Evans, Executive Director* Date *2/5/16*

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The above plan of correction is approved as of 2-8-16
(Date)

Plan of correction implementation status as of 2-8-16
(Date)

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

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

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FEB 23 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Correction 2600.85(a)

The 2" by 2" spot on the grab bar was cleaned and sanitized on 8/20/15 following the exit conference with the Executive Director. The Housekeeping Supervisor will re-educate the housekeeping staff by 2/12/16 on cleaning resident and public bathrooms. The housekeeping staff will continue cleaning all bathrooms throughout the building daily and as needed. The Housekeeping Supervisor or designee will inspect restrooms daily for one week, then weekly for one month and report findings to the Executive Director to determine if further monitoring is necessary.

2-8-16

Bryan Swans 2/5/16
Bryan Swans
Executive Director

Violation Report: 43341 - 08/20/2015 - Georgoulis, Karen
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

FEB 28 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

On 7/29/15 at 5:21 a.m., the home conducted a fire drill. During the fire drill a staff person came to resident #1's room and took the residents wheelchair and left the resident in bed. Resident #1 was not evacuated to a public thoroughfare or to a designated fire safe area. Resident #1 requires the use of a Hoyer lift to transfer. Resident #2 stayed in his/her bedroom during the fire drill, did not self-evacuate, and was not evacuated by staff. The home's fire drill record indicates all residents were evacuated during the fire drill.

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.

Immediately: The administrator will monitor all fire drills and the fire drill record, monthly for six months, for accuracy and completion to ensure all fire drills are documented in the home's fire drill record including; the date, time, amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was activated. 2-8-16

See PAGE 4 of 6

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bryan Evans, Executive Director</i>	Date <i>2/5/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2-8-16</u> (Date)	Plan of correction implementation status as of <u>2-8-16</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction 2600.132(c)

The fire drill record for 7/29/15 has been corrected to recognize the 2 residents who were not evacuated from their room as per the cited deficiency (attachment 2A). Evacuations during fire drills conducted after 7/29/15 have been 100% compliant (attachment 2A). Staff, including the Maintenance Director, has been re-inserviced on evacuation procedures when responding to the fire alarm. The Maintenance Director or designee will continue monitoring fire drills on a monthly basis and report any negative outcomes regarding evacuation to the Executive director to determine if further training is needed.

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FEB 23 2016

WEST REGION FIELD OFFICE
Human Services Licensing

2-8-16

Debra L. ... 2/8/16
Debra L. ...
Executive Director

FEB 23 2016

Violation Report: 43341 - 08/20/2015 - Georgoulis, Karen
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
On 7/29/15 at 5:21 a.m., the home conducted a fire drill. During the fire drill a staff person came to resident #1's room and took the residents wheelchair and left the resident in bed. Resident #1 was not evacuated to a public thoroughfare or to a designated fire safe area. Resident #1 requires the use of a Hoyer lift to transfer. Resident #2 stayed in his/her bedroom during the fire drill, did not self-evacuate, and was not evacuated by 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.
Immediately: The administrator will monitor all fire drills and the fire drill record, monthly for six months, to ensure a fire drill is conducted at least once a month, a fire drill in conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year, and documentation is kept for each fire drill in a record which includes all information required by 2600.132(c). 2-8-16

See page 5 of 6

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) Bryan Evans, Executive Director Date 2/2/16

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

The above plan of correction is approved as of <u>2-8-16</u> (Date)	Plan of correction implementation status as of <u>2-8-16</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

Plan of Correction 2600.132(d)

The fire drill record for 7/29/15 has been corrected to recognize the 2 residents who were not evacuated from their room as per the cited deficiency (attachment 2A). Evacuations during fire drills conducted after 7/29/15 have been 100% compliant (attachment 2A). Staff, including the Maintenance Director, has been re-inserviced on evacuation procedures when responding to the fire alarm. The Maintenance Director or designee will continue monitoring fire drills on a monthly basis and report any negative outcomes regarding evacuation to the Executive director to determine if further training is needed.

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FEB 03 2016

WEST REGION FIELD OFFICE
Human Services Licensing

2-8-16

Stephen Quinn 2/5/16
Program Review
Executive Director