



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 10, 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
440880

Dear Mr. Palladini:

As a result of the Department of Human Services' licensing inspection on December 14, 2015, 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,

A handwritten signature in black ink that reads "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing 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: Christine Shope		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 I-1 10/29/2009 Municipality of Bethel Park		APR 04 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 155	Waking Staff: 116
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/14/2015: Garrigan, Laurie		
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: 107 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: 26 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 20		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 107 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 48 Have a Physical Disability: 1

Violation Report: 44088 - 12/14/2015 - Garrigan, Laurie
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 12/3/15 at approximately 11:20 a.m., staff person A reached back and yanked on resident #1's ponytail while he/she was in the secured unit's dining room. Resident #1 resides in the secured dementia unit and his/her medical evaluation, dated 2/26/15, lists diagnoses including advanced dementia/delirium, non-organic psychosis, anxiety, depression, and mood disorder. Staff indicated that resident #1 was acting combative and kept trying to get out of his/her wheel chair without assistance when staff person A reached over and yanked on his/her ponytail in frustration.

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 4

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 4.5.16 (Date) Plan of correction implementation status as of 4.5.16 (Date)

- Plan of correction implementation status as of 4.5.16 (Date)
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

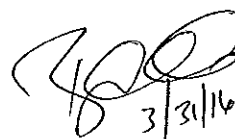
RECEIVED

APR 04 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. Regulation 2600.42(b)

- Staff person A was immediately suspended upon report of incident on 12/3/15.
- Staff person A was terminated from employment on 12/4/15 based on internal investigation of incident.
- By 5/1/16, all staff will be re-educated on all Resident Rights, abiding by those rights, and response to violations of Resident Rights. (Documentation will be kept)
- By 5/1/16, all staff will be educated on care of residents with dementia, mental illness, cognitive impairments and other mental disabilities who are exhibiting symptoms of agitation, irritability, combativeness, anxiety/restlessness, and aggression. (Documentation will be kept).
- Starting 6/1/16 through 12/31/16, all staff will be re-educated on care of residents with dementia, mental illness, cognitive impairments and other mental disabilities who are exhibiting symptoms of agitation, irritability, combativeness, anxiety/restlessness, and aggression monthly. (Documentation will be kept).
- Facility will continue to comply with Regulations 2600.65(b)(1),(3); 2600.65(d)(3); 2600.65(f); 2600.236 regarding initial training, annual training, and orientation. (Documentation will be kept)


3/31/16

Violation Report: 44088 - 12/14/2015 - Garrigan, Laurie
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [redacted] 2, does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

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 4

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) RULO RAUADINI EXECUTIVE DIRECTOR	Date 3/21/16
--	-----------------

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

The above plan of correction is approved as of <u>4.5.16</u> (Date)	Plan of correction implementation status as of <u>4.5.16</u> (Date)
The above plan of correction was approved by <u>CRS</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

Page 3A of 4

RECEIVED

APR 04 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. Regulation 2600.54(a)

- Staff person A was immediately suspended on 12/3/15.
- Staff person A was terminated from employment on 12/4/15.
- On March 28, 2016 and March 29, 2016, all employee files were audited by Executive Director and Business Office Manager and confirmed that all employee files are in compliance with 2600.54(a). (Documentation was kept)
- On March 31, 2016, all persons involved with hiring of direct care staff were educated by the Executive Director on the requirements of 2600.54(a). (Documentation was kept)
- Beginning April 1, 2016, the Executive Director will audit the next 15 new hire direct care employees to confirm compliance with 2600.54(a) before employees first day of providing direct care. (Documentation will be kept)


3/31/14

APR 04 2016

Violation Report: 44088 - 12/14/2015 - Garrigan, Laurie
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 2/26/15, indicates the resident requires assistance with transferring in/out of bed/chair, extensive supervision and total mobility assistance. However, the support plan, dated 2/26/15, is not specific as to how the home will provide the necessary supervision and mobility assistance to keep resident #1 safe or address the services the home will provide for fall prevention.
The support plan indicates that the resident will use a personal alarm; however, it also indicates that the resident has a severe problem with long and short term memory and is able to disable the alarm.

Resident #1's progress notes indicate numerous incidents of agitation, aggression, confusion, and attempts to get out of his/her wheel chair without assistance, and indicate that resident #1 has experienced several falls as follows:

- * 9/2/15 "When aid entered room @ 12:30 a.m. resident sitting on mat on floor next to bed", no injuries noted
- * 9/3/15 "9 P Res. disconnected alarm & walked to middle of bedroom. Lying on floor on L side. No injury."
- * 9/17/15 "Res. flipped backwards in w/c. No loss of consciousness. Lump on back of head. No open areas. Pt. moving well. Paramedics called."
- * 9/21/15 at 2:40 p.m., "Heard alarm, found resident on floor", "c/o back leg pain", sent to Jefferson ER
- * 9/24/15 at 2:30 p.m., "fell out of w/c on to dr floor - alarm sounding c/o L thumb pain", x-ray ordered
- * 9/27/15 at 11:35 a.m., "Heard alarm and found resident on floor in D.R.", no injury noted
- * 10/27/15 10:20 a.m., "Resident was found on dining room floor alarm sounding", no apparent injuries
- * 10/27/15 at 12:45 p.m., "Resident was found on dining room floor alarm sounding", no apparent injuries
- * 10/28/15 at 11:00 a.m., "Resident had an unwitnessed fall. Noted sitting upright against wall, next to overturned wheelchair." Resident stated he/she hit his/her head sent to Jefferson ER
- * 10/31/15 at 7:00 p.m., "Resident fell to the floor in seated position", no apparent injury
- * 11/5/15 at 5:50 p.m., "Res. found in front of w/c on floor", no apparent injury
- * 11/19/15 at 11:00 a.m., "Resident noted in a seated position in Hallway in-between a bench and his/her wheelchair", no apparent injury
- * 11/29/15 at 4:30 p.m., "Found resident in a side lying position on floor. Unwitnessed fall." Sent to Jefferson ER.
- * 12/13/15 at 11:15 p.m., Found in another resident's room sitting on floor. Apparently resident walked down hall with his/her walker. No apparent injuries.

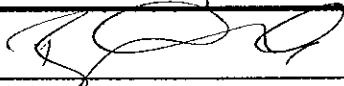
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 4

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) Alice Paladini EXECUTIVE DIRECTOR Date 3/31/16

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

The above plan of correction is approved as of <u>4-7-16</u> (Date)	Plan of correction implementation status as of <u>4-7-16</u> (Date)
The above plan of correction was approved by <u>CP</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

RECEIVED

APR 04 2016

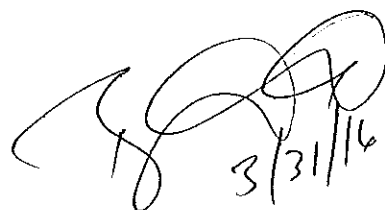
WEST REGION FIELD OFFICE
Human Services Licensing

1. Regulation 2600.234(a)

- Resident #1's admission day onto the SDCU was [REDACTED] 15. Resident #1's initial support plan was finalized on 1/11/15. (Attachment 1)
- Resident has since CTB.

within 60 days of receipt of this approved Plan of Correction, the administrator will have an audit of all resident RASPs completed to ensure RASP are completed and accurate. Support Plans required under 2600.234 will be detailed and comprehensive to ensure needed services are provided. (CW) 4-7-16

within 60 days of receipt of this approved POC, the home will develop or update a fall prevention policy with evidenced based practices to include standardized fall risk assessments, interventions and precautions. All staff who provide care to the residents will be trained on fall prevention. CW 4-7-16
quarterly, an audit will be held to assess each resident's needs. CW 4-7-16


3/31/16