



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 29, 2016

Mr. Derek S. Culbertson, Administrator
Paramount Senior Living at Peters Township, LLC
240 Cedar Hill Drive
McMurray, Pennsylvania 15317

RE: Paramount Senior Living
at Peters Township
#443460

Dear Mr. Culbertson:

As a result of the Department of Human Services' licensing inspection on January 25, 2016; January 26, 2016 and January 27, 2016, 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,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

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 PETERS TOWNSHIP		License Number: 44346
Address: 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317		County: Washington
Adminlstrator: Janet Stockhausen		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 11/16/2011 Peters Twp.		RECEIVED NOV 15 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 134	Waking Staff: 101
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 01/25/2016: Pfaff, Vicki; Georgoulis, Karen; Rahuba, Matt; Summers, Vicky 01/26/2016: Pfaff, Vicki; Georgoulis, Karen; Rahuba, Matt 01/27/2016: Pfaff, Vicki; Georgoulis, Karen; Rahuba, Matt		
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: 109 Number of Residents Served: 94 Secured Dementia Care Unit in Home: Yes Area: SDCU Secured Dementia Unit Capacity, if Applicable: 34 Number of Residents Served in Secured Dementia Care Unit, if applicable: 30 Number of Current Hospice Residents: 16 Number of Hospice Residents in past year: 28	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 93 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 40 Have a Physical Disability: 0	

Violation Report: 44348 - 01/25/2016 - Pfaff, Vicki
 PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A provided direct care services to residents in the home on 11/7/15, 11/7/15 and 11/10/15 through 11/12/15. However direct care staff person A did not complete the Department-approved direct care staff training course and pass the competency test.

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.

To correct the violation, 2600.65(D), employee A - no longer works at this facility. Prior to her departure, she did successfully pass the Direct Care Staff Training Course and Competency. Non-licensed Direct Care Staff are required to have successfully completed the Direct Care Staff Training Course and Competency before being permitted to work independently within the facility.

An audit was performed to ensure compliance with 2600.65(D) on February 5, 2016 by the Business Office Manager. Employee files reviewed were found to be 100% compliant with regulation 2600.65(D).

To ensure the deficient practice does not reoccur, moving forward, a quarterly audit of Employee files will be added to the QAPI plan and monitored for compliance by the Business Office Manager.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **DEREK CULBERTSON, EXECUTIVE DIRECTOR** Date **11/15/16**

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

The above plan of correction is approved as of 11-23-16
 (Date)

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

Plan of correction implementation status as of 11-23-16
 (Date)

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

NOV 15 2016

Violation Report: 44346 - 01/25/2016 - Pfaff, Vicki
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

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

On 1/25/16, the home determined an entire medication card for resident #1 of Norco 5-325 and the narcotic count sheet for the medication were missing. The home was unable to account for this medication.

The home did not have accountability for resident #2's or resident #3's prescribed Lorazepam.

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.

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.

Upon discovery of the missing medication on 1/25/2016, the facility reported the incident immediately to the Department of Human Services who were present in the facility at the time the medication was reported missing. The incident was also reported to the Peters Township Police Department (Officer [redacted] Case # 2016000303). The resident, resident's son, physician, and the pharmacy were also notified on 1/25/2016.

On 1/25/2016, the facility implemented an internal investigation, which did not substantiate a suspect. The investigation was turned over to the Peters Township Police Department. Subsequently, one of the nurses that was working during the time frame of the missing medication resigned without notice on [redacted] 2016.

The pharmacy replaced the medication on 1/25/2016 and the resident's account was credited for the cost of the medication. There were no missed doses or negative effect to the resident.

To prevent the violation from reoccurring, an in-service on controlled medications, medication security and distribution, destruction, and receiving medications was conducted on 1/28/2016 for all nurses and medication technicians. The facility also instituted a new system with electronic narcotic count. All nurses and medication technicians were in-serviced by the pharmacy on the new policy and system on 2/2/2016. Audits of the narcotic count have revealed no further incidents.

For resident's #2 and #3, no missed doses of Ativan were identified. To prevent the violation from reoccurring, the facility developed a policy to count all Schedule II, III, and IV drugs. Nurses and Medication Technicians were in-serviced on the policy on 1/28/2016. Audits revealed the facility is now counting Schedule II drugs as stated.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *DEREK CULBERTSON, EXECUTIVE DIRECTOR* Date *11/15/16*

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

The above plan of correction is approved as of <u>11-28-16</u> (Date)	Plan of correction implementation status as of <u>11-28-16</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 <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44346 - 01/25/2016 - Pfaff, Vicki
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the secure dementia care unit on [redacted] 15. On 9/4/15, the resident was identified by the home as having inappropriate behaviors including touching [redacted] residents. There were multiple incidents when the resident displayed these behaviors. The resident's support plan, dated 8/27/16, only indicates "requires moderate supervision in the facility". The resident's support plan was not updated to include the specific supervision care and services the home will provide to protect the resident and other residents in the home.

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.

2600.227(C) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

To correct the violation, resident #4's support plan was updated after the concern was brought to the facility's attention.

To ensure the practice does not reoccur, support plans are being reviewed upon completion of the annual assessment or upon changes in the resident's needs as indicated in the current assessment. The Director of Nursing, Assistant DON, and Admissions Nurse were educated on regulation 2600.227(C), it's importance, and the reasoning behind the regulation. In addition, a system of second checks has been implemented to ensure compliance. Any support plans completed by a department head are reviewed by another department head or designee.

Audits of the RASPs will be completed by the Director of Nursing, Executive Director, and/or designee on a monthly basis and presented to QAPI.

Finally, accurate and timely completion of resident support plans have been added to QAPI process to be reviewed on a quarterly basis for compliance.

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)

DEREK CULBERTSON, EXECUTIVE DIRECTOR

Date 11/15/16

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(Initials)