



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 1, 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 April 29, 2016, 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,

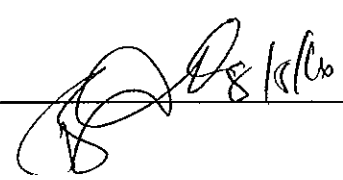
A handwritten signature in black ink, appearing to read "Janine Wenzig", with a long, sweeping flourish extending to the right.

Janine Wenzig  
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: Rocco Palladini		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 Municipality of Bethel Park		AUG 09 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 150	Waking Staff: 113
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/29/2016: Bedford, Katie; Summers, Vicky		
<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: 128 Number of Residents Served: 105 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: 9 Number of Hospice Residents in past year: 38	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 105 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 45 Have a Physical Disability: 3	



Violation Report: 44088 - 04/29/2016 - Bedford, Katie  
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

On 4/26/2016, at approximately 10:30 p.m. staff person A responded to resident #1's call bell. The resident was crying and indicated that staff person B was rough with him/her when while assisting the resident to bed. The allegation of abuse was not reported to the local Area Agency on Aging until 4/28/16.

4/28/16 [Signature]

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

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

Signature of Legal Entity Representative (Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rocco PALADINI      Date 8/12/16

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

The above plan of correction is approved as of <u>8/26/16</u> (Date)	Plan of correction implementation status as of <u>8/26/16</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

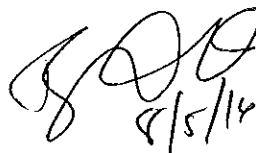
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WEST REGION FIELD OFFICE  
Human Services Licensing

1. Regulation 2600.15(a)

- The description of the violation is incorrect in stating the local Area Agency on Aging was notified on 4/28/16. The local Area Agency on Aging was notified on 4/27/16 as seen on the Act-13 and confirmation fax sheet. (See attachment 1)
- Staff person B was suspended until investigation was unsubstantiated by DHS.
- By 9/15/16, all staff will be re-educated on all Resident Rights, abiding by those rights, and response to violations of Resident Rights including immediate reporting of suspected abuse as per 2600.15(a) (Documentation will be kept).
- By 9/15/16, all direct care staff will be educated on proper transfer techniques, safe management techniques. (Documentation will be kept).
- Starting 9/1/16 through 12/31/16, all direct care staff will be re-educated on suspected abuse reporting, safe management techniques and proper transfer techniques. (Documentation will be kept).
- Facility will continue to comply with Regulations 2600.65(b)(1),(3); 2600.65(d)(3); 2600.65(f)(g); regarding initial training, annual training, and orientation. (Documentation will be kept)
- Administrator or designee will report suspected abuse as per 2600.15(a).

  
8/5/16

  
8/22/16