



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 07 2016

Mr. Bryan Evans, Executive Director
Paramount Health Resources, LLC
100 Knoedler Road
Pittsburgh, Pennsylvania 15236

RE: Paramount Senior Living at South Hills
License #: 433410

Dear Mr. Evans:

As a result of the Department of Human Services' annual licensing inspections on May 19, 2016 and May 20, 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 "J. Rowe", written over the printed name.

Jacqueline L. Rowe
Director

Enclosure
License 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
Adminstrator: Bryan Evans		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, I-2 07/07/2010 Baldwin Borough		AUG 19 2016 WEST REGION FIELD OFFICE: Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 160	Waking Staff: 120
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/19/2016: Summers, Vicky; Flinner-Alman, Lisa; DeLuca, Santo 05/20/2016: Summers, Vicky; Flinner-Alman, Lisa; DeLuca, Santo		
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: 105 Secured Dementia Care Unit in Home: Yes Area: 3rd floor Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 17 Number of Current Hospice Residents: 12 Number of Hospice Residents in past year: 45	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: 55 Have a Physical Disability: 0	

Cathy Cole 8/11/16

Violation Report: 43341 - 05/19/2016 - Summers, Vicky
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

AUG 19 2016

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 5/19/16, at approximately 10:00 a.m., Agents of the Department requested access to ten resident records; however, the home did not provide access to the resident records until 12:09 p.m.

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.

1. All Management staff educated on compliance with regulation 2600.5(a)(1). Inservice performed on 8/12/16 Documentation was kept. (See Attachment 1)
2. Administrator or designee will ensure records/documents are provided within an reasonable amount of time.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Carolyn Carlin</i> Executive Director
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Carolyn Carlin</i>	<i>8/19/16</i>

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

The above plan of correction is approved as of 8-22-16
(Date)

Plan of correction implementation status as of 8-22-16
(Date)

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

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

AUG 19 2016

Violation Report: 43341 - 05/19/2016 - Summers, Vicky
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [redacted] 16, was a resident of Washington State until [redacted] 2014; however, an FBI criminal background check has not been completed.

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.

1. Direct Care staff A was hired on [redacted] 16. Direct Care staff indicated on employers Acknowledgement of Residency form that she had been a resident of Pennsylvania for two consecutive years (See attachment #2). On questioning Direct Care staff confirmed she had been a resident of Washington State until [redacted] 2014.
2. Direct Care staff put on direct supervision as of 8/11/16. Documentation of compliance with direct supervision will be kept. Employer registered Direct Care staff for FBI criminal background check on 8/11/16. Direct Care staff instructed where to go for fingerprints. Direct Care staff will continue to work under direct supervision until FBI background check received and confirmed to be hire able.
3. Management educated on maintaining compliance on regulation 2600.51 on 8/12/2016. Documentation was kept (See Attachment #1)
4. All new hires, as of 8/12/16 the Business Office Manager will confirm address on applicants application during new hire orientation. Facility will continue to use attachment #2 Executive director to review all new hire documentation for four months from 8/11/2016 to 12/11/2016 to ensure compliance of regulation. Documentation to be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carolyn Carlin Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carolyn Carlin* Date *8-14-16*

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

The above plan of correction is approved as of <u>8-22-16</u> (Date)	Plan of correction implementation status as of <u>8-22-16</u> (Date)
The above plan of correction was approved by <u>SMC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMC</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 19 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43341 - 05/19/2016 - Summers, Vicky
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was a 2" x 1/2" tear in the vinyl coating on the left arm rest and a 3" x 1" tear on the right arm rest of resident #1's wheelchair, posing a skin tear hazard.

There was a 1 1/2" x 1/4" tear in the vinyl coating on the left arm rest of resident #2's wheelchair, posing a skin tear hazard.

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.

1. Resident #1 and #2 had their wheelchairs inspected. Both wheelchairs do have tears. DME companies notified and DME company confirmed will complete repairs.
2. All management were educated on regulation 2600.81(b) on 8/12/2016. Documentation was kept (see attachment 1). Nursing staff to be educated monthly nursing staff meeting on regulation 2600.81(b) and meeting compliance. Documentation to be kept. Nursing staff will turn work order in for any repairs required. Maintenance Director and Director of Nursing will work together to determine plan of action for repair.
3. Executive Director to conduct monthly inspections of 20 wheelchairs, walkers, prosthetic devices and other apparatus each month for 4 months from 8/11/16 to 12/11/16 to ensure compliance of regulations. Documentation to be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Carolyn Carlin Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carolyn Carlin* Date *8-11-16*

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The above plan of correction is approved as of <u>8-22-16</u> (Date)	Plan of correction implementation status as of <u>8-22-16</u> (Date)
The above plan of correction was approved by <u>SM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43341 - 05/19/2016 - Summers, Vicky
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Residents #3, #4, #5 and #6 did not have a source of light that can be turned on/off from bedside.

(Observed 5/20/16)

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.

1. Resident #3, #4, #5 (Resident #6 not identified) all had room inspections performed on 8/11/2016 and are currently in compliance with regulation. Resident #6 not identified in violation report. Residents #3 and #5 all have light source at bedside.
2. By 8/19/16 all rooms will be checked for compliance with regulation. Documentation will be kept.
3. All management were educated on regulation 2600.101(j)(7) on 8/11/2016. Documentation was kept (See attachment #1). Nursing staff and housekeeping staff to be educated on regulation 2600.101(j)(7) and maintaining compliance monthly thru 12/2016.. Documentation to be kept.
4. Executive Director to conduct monthly inspections of 20 rooms each month for 4 months from 8/11/16 to 12/11/16 to ensure compliance of regulations. Documentation to be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Cardyn Carlin* Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cardyn Carlin* Date *8-11-16*

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

The above plan of correction is approved as of <u>8-22-16</u> (Date)	Plan of correction implementation status as of <u>8-22-16</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SUP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>Smp</u> (Initials)	

AUG 19 2016

Violation Report: 43341 - 05/19/2016 - Summers, Vicky
 PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The least amount of staff, scheduled in the home between the hours of 11:00 p.m. – 7:00 a.m. is seven; however, the following fire drills were conducted with additional staff persons:

Date	Time	#Staff Participating
1/16/15	11:21 p.m.	19
1/25/16	5:10 a.m.	8
1/29/16	12:11 a.m.	8

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.

1. As of 8/12/16 all Fire drills will not routinely be conducted with additional staff.
2. 8/12/16 Maintenance Director was educated on regulation 2600.132(g). Documentation was kept (See attachment #3).
3. Executive Director will conduct monthly checks of fire drill and sign off on fire drill record form for 12 months as of 8/2016 to ensure compliance of regulation. Documentation to be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carolyn Carlin* Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carolyn Carlin* Date *8-11-16*

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

The above plan of correction is approved as of <u>8-22-16</u> (Date)	Plan of correction implementation status as of <u>8-22-16</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SNP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>SNP</u> (Initials)	