



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 8, 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 September 12, 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 that reads "Jon Kimberland (cc)".

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: Carolyn Carlin		Region: WEST
Legal Entity Name: PARAMOUNT HEALTH RESOURCES LLC		
Legal Entity Address: 100 KNOEDLER ROAD, PITTSBURGH, PA 15236		
Certificate(s) of Occupancy		RECEIVED
I-1 07/07/2010 Baldwin Borough	I-2 07/07/2010 Baldwin Borough	OCT 21 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) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/12/2016: Eveses, Joseph; 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: 96 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: 15 Number of Current Hospice Residents: 9 Number of Hospice Residents in past year: 22		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 96 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 59 Have a Physical Disability: 3

Violation Report: 43341 - 09/12/2016 - Evegés, Joseph
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

OCT 21 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment and support plan, dated 7/6/16, indicate staff will assist resident with urinary incontinence. On 9/8/16, the home failed to conduct continence checks on resident #1 between the hours of 10:00 p.m. and 5:00 a.m. the following day. When the resident was checked by staff at 5:00 a.m., the resident's brief, clothes and bed were saturated and soaked through with urine.

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

502 PAGE 2 A OF 3

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

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 *10-20-2016*

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

The above plan of correction is approved as of 10-28-16
(Date)

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

Plan of correction implementation status as of 10-28-16
(Date)

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

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Human Services Licensing

Pa. Code 2600.23(a)

1. All Direct Care Staff will receive education regarding Bladder Management to be completed by November 1, 2016. Training to cover appropriate resident rounds, toileting/changing, and proper communication with staff in regards to changes in bladder management based on resident needs. Documentation to be kept.
2. Executive Director to conduct weekly interviews with five residents who are incontinent regarding their bladder management care for 8 weeks. Documentation to be kept.
3. Monthly education will be provided for 6 months starting in November to all direct care staff regarding resident rounds, toileting/changing, and proper communication with staff in regard to changes in bladder management based on resident needs. Documentation to be kept.

Within 45 days of receipt of the plan of correction: The administrator or designee shall educate all direct care staff persons on resident specific support plans for residents who require assistance with transferring or continence care. Documentation education will be kept. 10-28-16

Carolyn Corlin 10-20-16
Executive Director

10-28-16

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Violation Report: 43341 - 09/12/2016 - Eveses, Joseph
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

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2a. DESCRIPTION OF VIOLATION

On 9/9/16, at approximately 7:00 p.m., resident #1 requested assistance with using the toilet. Direct care staff person A attempted to assist resident #1; however, was unable to transfer the resident from a wheelchair to the toilet. Direct care staff person A summoned direct care staff person B to assist with the transfer of the resident. Direct care staff person B decided not to transfer the resident to the toilet. Both staff persons moved and transferred the resident to his/her bed and told the resident to urinate in his/her adult brief. The resident was upset and started crying.

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 3H of 3

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

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 *10-20-16*

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(Date)

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

Plan of correction implementation status as of 10-20-16
(Date)

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

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OCT 21 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Pa. Code 2600.42 (c)

1. Employee A suspended pending investigation. Employee returned to work after investigation completed.
2. Employees A and B to be re-educated by end of day November 1, 2016 on transfer procedures, proper communication for assistance, appropriate use of bedpans, bladder management, communication of changes of assist required to supervisor, and Resident Rights. Documentation to be kept.
3. All direct care staff will be educated by end of day November 1, 2016 transfer procedures, proper communication for assistance, appropriate use of bedpans, bladder management, communication of changes of assist required to supervisor, and Resident Rights. Documentation to be kept.
4. Executive Director will interview 5 residents a week who require transfer assistance and bladder management for the next 8 weeks in regards to their interactions with direct care staff. Documentation will be kept.
5. Monthly education will be provided for 6 months starting in November to all direct care staff regarding transfer procedures, proper communication for assistance, appropriate use of bedpans, bladder management, communication of changes of assist required to supervisor, and Resident Rights. Documentation to be kept.

Within 45 days of receipt of the plan of correction: The administrator or designee shall educate all direct care staff persons on resident specific support plans for residents who require assistance with transferring or continence care. Documentation education will be kept. 10-28-16

Carolyn Carlin

Executive Director

10-20-16

10-28-16