



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: August 17, 2017**

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  
Certificate #: 440880

Dear Mr. Palladini:

As a result of the Department of Human Services' licensing inspection on March 6, 2017, 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 "Larry Mazza". The signature is fluid and cursive, with a long, sweeping line extending from the end of the name.

Larry Mazza  
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		
Certificate(s) of Occupancy I-1 10/29/2009 Bethel Park		<b>RECEIVED</b> AUG 07 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 154	Waking Staff: 116
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/06/2017: Marini, Michael; Barry, Courtney; Garvey, Jody; Quinn, Suzanne		
<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: 125 Number of Residents Served: 107 Secured Dementia Care Unit in Home: Yes Area: 3 North Secured Dementia Unit Capacity, if Applicable: 28 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 43	<b>Number of Residents who:</b> 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: 47 Have a Physical Disability: 3	

*Jules Raska 8/3/17*

Violation Report: 44088 - 03/06/2017 - Marini, Michael  
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**  
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**  
At 10:01 AM, a bottle of Refresh Artificial Tears was unlocked and accessible on a table in resident #1's bedroom. Resident #1 has not been assessed by a physician as capable to self-administer medications.

**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 5

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) *Kelvin Kamin E.D.*      Date *8/3/17*

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

The above plan of correction is approved as of 8/8/17  
(Date)

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

Plan of correction implementation status as of 8/8/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

AUG 07 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

2. Regulation 2600.183(b)

- Eye drops were removed from resident #1's room same day as inspection.
- By 8/31/17 all authorized medication passers will be educated on compliance to this regulation (Documentation will be kept)
- By 8/31/17, the Executive Director or assigned designee will complete room checks on all residents to ensure that there are no medications in the room (unless permitted by a physician's order)
- The Executive Director or assigned designee will then randomly audit 20 resident's rooms monthly x 3 months. (Documentation will be kept)

Fuh Raw  
8/3/17  
L. L. L. L.  
L. L. L.

Violation Report: 44088 - 03/06/2017 - Marini, Michael  
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

AUG 07 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

An open and undated bottle of Latanoprost-0.005% eye drops, belonging to resident #1, were present in the medication cart. According to the manufacturer's instructions, the eye drops are to be discarded 10 weeks after opening; however, on 3/6/17, the eye drops were still present in the home. According to the pharmacy label, the eye drops were filled by the pharmacy on 12/20/16.

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.

(See Attached)

See Page 4A of 5

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 8/8/17  
(Date)

Plan of correction implementation status as of 8/8/17  
(Date)

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

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

AUG 07 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

3. Regulation 2600.183(d)

- The bottle of Latanoprost eye drops for resident #1 was discarded the same day as the inspection, and a new bottle was opened and dated.
- By 8/31/17 all authorized medication passers will be educated on compliance to this regulation (Documentation will be kept) and re-educated monthly x 6 months
- By 9/15/17, Resident Care Manager or assigned designee will complete medication cart audits on all carts for appropriate date open stickers and expiration dates
- Resident Care Manager or assigned designee will then do one random cart audit per month to check medications for expirations and appropriate date opened labels x 6 months

*John R. [Signature]*  
Executive Director  
8/31/17

AUG 07 2017

Violation Report: 44088 - 03/06/2017 - Marini, Michael  
PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions to operate the keypad on the door in the secure dementia care unit is not conspicuously posted near the keypad.

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 8A of 5

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

Signature of Legal Entity Representative (Required on EVERY Page) *J.W. Kuhn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Richard Kuhn Vice President*      Date *8/3/17*

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

The above plan of correction is approved as of 8/8/17 (Date)

Plan of correction implementation status as of 8/8/17 (Date)

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

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

4. Regulation 2600.233(c)

- I am requesting reconsideration of this violation and to withdraw the violation. The directions for the operation of the key pad, in our opinion, is in an appropriate area that satisfies the regulation stating near the keypad. The facility is not aware of any complaints from visitors regarding placement. The facility feels that this placement also protects the best interest of the residents living on our dementia care unit, especially a higher functioning resident. If DHS provides us with a better understanding of their interpretation of "near the keypad" we would accommodate the recommendation.

- At this time the directions for the operation of the key pad have been moved closer to the keypad.

Immediately: A designated staff person shall inspect all keypads to operate the doors on the secured dementia care unit monthly to ensure the instructions for operation are conspicuously posted near each keypad. *R*  
8/8/17

*JW*  
Executive Director  
8/3/17