



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 29 2017

Mr. Rocco Palladini,
Director of Operations
Paramount Health Resources LLC
100 Knoedler Road
Pittsburgh, Pennsylvania 15236

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

Dear Mr. Palladini:

As a result of the Department of Human Services' annual licensing inspections on April 3, 2017 and April 5, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

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
Administrator: Carolyn Carlin		Region: WEST
Legal Entity Name: PARAMOUNT HEALTH RESOURCES LLC		
Legal Entity Address: 100 KNOEDLER ROAD, PITTSBURGH, PA 15236		RECEIVED
Certificate(s) of Occupancy		JUL 10 2017 WEST REGION FIELD OFFICE Human Services Licensing
I-1 07/07/2010 Baldwin Boro	I-2 07/07/2010 Baldwin Boro	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 138	Waking Staff: 104
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/03/2017: Garrigan, Laurie; Rahuba, Matt; Quinn, Suzanne 04/05/2017: Garrigan, Laurie; Quinn, Suzanne		
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 who:	
Number of Residents Served: 84	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 80 Years of Age or Older: 84	
Area: 3rd floor	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 18	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 15	Have a Mobility Need: 54	
Number of Current Hospice Residents: 11	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 32		

Carol Carlin 6/29/17

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Violation Report: 43341 - 04/03/2017 - Garrigan, Laurie
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standard Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. A carbon monoxide detector was present in the home's boiler room. However, this one alarm would not be audible throughout the three floors of the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16.

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 2 of 7

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carolyn Carlin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carolyn Carlin* Executive Director Date *8/29/17*

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

The above plan of correction is approved as of 8/2/17
(Date)

Plan of correction Implementation status as of 8/2/17
(Date)

The above plan of correction was approved by *CC*
(Initials)

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

Carolyn Carlin

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WEST REGION FIELD OFFICE
Human Services Licensing

1. Regulation 2600.18

- As of 7/6/17, Service Contractors have been contacted to submit quotes to integrate carbon monoxide alarms into existing fire alarm system.
- By 7/14/17, the facility will be in compliance with the Care Facility Carbon Monoxide Alarms Standards Act either by integrating carbon monoxide alarms into existing fire alarm system or by placing approved carbon monoxide alarms in locations that satisfy the Act.

Immediately: A designated staff person shall inspect and service all carbon monoxide detectors in accordance with the manufacturer's instructions.

8/2/17

Carol Carlin 7/7/17
Executive Director

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Violation Report: 43341 - 04/03/2017 - Garrigan, Laurie
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #4's medical evaluation, dated 3/31/17, does not include the resident's height, weight, pulse rate, blood pressure and temperature. These sections are blank.

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 7

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(Required on EVERY Page) *Carolyn Carlin*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carolyn Carlin* Executive Director Date *6/29/17*

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WEST REGION FIELD OFFICE
Human Services Licensing

2. Regulation 2600.141(a)(2)

- As of 4/12/17, Resident #4 medical evaluation was updated with height, weight, pulse rate, blood pressure, and temperature.
- By 7/14/17, all staff responsible for completing and/or verifying medical evaluations will be educated on compliance with this regulation. (Documentation will be kept)
- By 8/1/17, all current medical evaluations will be audited to ensure compliance with regulation.
- Starting 7/10/17, the Executive Director will audit the next 20 newly completed medical evaluations to ensure compliance. (Documentation will be kept)

Carol Cole 7/7/17
Executive
Director

Violation Report: 43341 - 04/03/2017 - Garrigan, Laurie
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 4/3/17, the pharmacy label for resident #1's Novolog Flexpen was not labeled with his/her straight order insulin of 6 units sub-q three times daily with meals. The pharmacy label only indicated the resident's sliding scale coverage for the Novolog Flexpen.

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 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carol Carter

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Carolyn Carter Executive Director

Date *6/29/17*

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The above plan of correction was approved by *J*
(Initials)

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WEST VIRGINIA FIELD OFFICE
Human Services Liaison

3. Regulation 2600.184(a)

- At time of inspection, a correct pharmacy label was ordered for Resident #1's Novolog Flexpen.
- As of 7/6/17, all insulin has correct pharmacy labels as per regulation
- For the next 6 months, all authorized medication administrators will be educated on compliance with regulation monthly. (Documentation will be kept)
- For the next 6 months, the Resident Care Manager will perform medication cart audits to verify compliance with regulation. (Documentation will be kept)

monthly

Carol 7/7/17
Executive Director

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Violation Report: 43341 - 04/03/2017 - Garrigan, Laurie
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 4/3/17, resident #2's glucometer was not calibrated with the current date and time. Also, the blood sugar readings on resident #2's glucometer repeatedly did not match his/her April 2017 medication administration record (MAR) to include the following times:

MAR Date	MAR Time	April 2017 MAR Reading	Glucometer Reading
4/3/17	5:49 a.m.	92	63
4/2/17	4:04 p.m.	97	87
4/2/17	5:47 a.m.	104	62
3/31/17	5:38 a.m.	92	65

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 5A of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Carolyn Carlin

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Carolyn Carlin Executive Director

Date

6/29/17

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(Date)

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(Date)

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Partially Implemented - Inadequate Progress

Not Implemented

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(Initials)

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WEST REGION FIELD OFFICE
Human Services Licensing

4. Regulation 2600.185(a)

- As of 7/6/17, all glucometers are calibrated with current date and time.
- For the next 6 months, all authorized medication administrators will be educated on compliance with regulation monthly. Education will focus on checking calibration of glucometers and proper documentation of readings. Education will also consist of documenting repeat accuchecks due to a possible inaccurate read or a recheck. (Documentation will be kept)
- For the next 6 months, the Resident Care Manager will perform medication cart audits to verify compliance with regulation. Audit will include checking current date and time on glucometers on cart and comparing readings to MAR. (Documentation will be kept)

weekly

Cary Carlin

Executive Director 7/7/17

Violation Report: 43341 - 04/03/2017 - Garrigan, Laurie
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #5 receives hospice services; however, the resident's support plan, dated 11/11/16, does not indicate the specific services provided or the frequency of services.

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 7A of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cardyn Carter EXECUTIVE DIRECTOR

Date 6/29/17

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(Date)

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(Initials)

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Regulation 2600.227(d)

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WEST REGION FIELD OFFICE
Human Services Licensing

- Resident #5's RASP had "h" for responsible party to reflect hospice services.
- As of 4/12/17, Resident #5's RASP was updated to include the word "Hospice" to more accurately define the responsible party.
- By 7/14/17, all staff responsible for completing and/or verifying RASPs will be educated on compliance with this regulation including properly identifying responsible parties. (Documentation will be kept)
- As of 7/6/17, all RASPs of residents receiving hospice services reflect hospice as responsible party.
- Starting 7/10/17, the Executive Director will audit the next 20 newly completed RASPs to ensure compliance with regulation. (Documentation will be kept)

Immediately: The home shall develop and implement a system to ensure all resident support plans are immediately updated as resident care needs change.

[Signature]
8/2/17

Cary Carlin
Executive Director 7/2/17