



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 1, 2018

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

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

Dear Mr. Palladini:

As a result of the Department of Human Services' licensing inspection on May 10, 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 "Jon Kimberland".

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 C-2 LP 11/13/1989 PA L&I		RECEIVED FEB 14 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 18	Total Daily Staff: 153	Waking Staff: 115
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 05/10/2017: Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 125 Number of Residents Served: 83 Secured Dementia Care Unit in Home: Yes Area: . Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served In Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 12 Number of Hospice Residents in past year: 38	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 82 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 52 Have a Physical Disability: 1	

Violation Report: 43341 - 05/10/2017 - Georgoulis, Karen
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

FEB 14 2018

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 4/20/17 at approximately 1:30 p.m., direct care staff person A is the process of providing a shower to resident #1. During that time, direct care staff person A left the resident's room with the resident unclothed in the bathroom to attend a staff training. The direct care staff person returned to give the resident a shower approximately 30 minutes later. The direct care staff person and resident #1 were involved in a verbal altercation. Direct care staff person A slammed resident #1 bathroom door and stated "Give yourself your own shower". The resident felt humiliated based on the staff persons actions. Staff person B was notified of the allegation of abuse on 4/20/17 at approximately 2:30 p.m. The allegation was not reported to the Area Agency on Aging until 5/5/17 at 3:30 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.

See pgs 20 of 5

See attached

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

Date 2/13/18

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

The above plan of correction is approved as of 2-15-18
(Date)

Plan of correction implementation status as of 2-15-18
(Date)

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

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

Page 2A015

Regulation 2600.15(a)

1. Staff member A and B are no longer employees at the facility.
2. Resident 1 no longer resides at the facility.
3. By 3/16/18 all current staff will be reeducated on immediately reporting suspected abuse, who to report suspected abuse to, and types of abuse. (Documentation will be kept)
4. Each month through June 2018 all staff will be reeducated on immediately reporting suspected abuse, who to report suspected abuse to, and types of abuse. (Documentation will be kept)
5. Facility will continue to educate all new hires according to 2600.65(b). (Documentation will be kept)
6. Facility will continue to educate all staff annually according to 2600.65(g). (Documentation will be kept)

Immediately: The administrator will review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act.

2-15-18

Cathy Collins 2/13/18

2-15-18

FEB 14 2018

Violation Report: 43341 - 05/10/2017 - Georgoulis, Karen
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 4/20/17 at approximately 1:30 p.m., direct care staff person A is the process of providing a shower to resident #1. During that time direct care staff person A left the resident's room with the resident unclothed in the bathroom to attend a staff training. The direct care staff person staff person returned to give the resident a shower approximately 30 minutes later. The direct care staff person and resident #1 were involved in a verbal altercation. Direct care staff person A slammed resident #1 bathroom door and stated "Give yourself your own shower". The resident felt humiliated based on the staff persons actions. Staff person B was notified of the allegation of abuse on 4/20/17 at approximately 2:30 p.m. Direct care staff person B continued to provide direct care services to residents in the home until 5/5/17.

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 page 3A005

See attached

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

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

Printed Name and Title of Legal-Entity Representative (Required on EVERY Page) *Carolyn Carlson Executive Director* Date *2/13/18*

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

The above plan of correction is approved as of 2-15-18 (Date)

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

Plan of correction implementation status as of 2-15-18 (Date)

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

Regulation 2600.15(b)

1. Staff member A and B are no longer employees at the facility.
2. Resident 1 no longer resides at the facility.
3. By 3/16/18 all current staff will be educated on immediately reporting suspected abuse, who to report suspected abuse to, types of abuse, and course of action to be taken with alleged perpetrator. (Documentation will be kept)
 - a. Alleged perpetrator will be immediately removed from residents
 - b. Department Manager and/or Executive Director will then either suspend alleged perpetrator or seek approval for plan of supervision from DHS.
4. Each month through June 2018 all staff will be educated on immediately reporting suspected abuse, who to report suspected abuse to, types of abuse, and course of action to be taken with alleged perpetrator. (Documentation will be kept)
 - a. Alleged perpetrator will be immediately removed from residents
 - b. Department Manager and/or Executive Director will then either suspend alleged perpetrator or seek approval for plan of supervision from DHS.

Immediately: The administrator will review all reported incidents and any allegations of abuse to ensure any staff person alleged of abuse is immediately suspended or placed on a plan of supervision approved by the Department.

2-15-18

Clayton 2/13/18

2-15-18

FEB 14 2018

Violation Report: 43341 - 05/10/2017 - Georgoullis, Karen
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 4/20/17 at approximately 1:30 p.m., direct care staff person A is the process of providing a shower to resident #1. During that time, direct care staff person A left the resident's room with the resident unclothed in the bathroom to attend a staff training. The direct care staff person returned to give the resident a shower approximately 30 minutes later. The direct care staff person and resident #1 were involved in a verbal altercation. Direct care staff person A slammed resident #1 bathroom door and stated "Give yourself your own shower". The resident felt humiliated based on the staff persons actions. Staff person B was notified of the allegation of abuse on 4/20/17 at approximately 2:30 p.m. The allegation was not reported to the Department until 5/5/17.

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 page 4 POC's

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 *2/13/18*

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

The above plan of correction is approved as of <u>2-15-18</u> (Date)	Plan of correction implementation status as of <u>2-15-18</u> (Date)
The above plan of correction was approved by <u><i>PC</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 2600.16(c)

1. Staff member A and B are no longer employees at the facility.
2. Resident 1 no longer resides at the facility.
3. By 3/16/18 all current staff will be reeducated on immediately reporting suspected abuse, who to report suspected abuse to, and types of abuse. (Documentation will be kept)
4. Each month through June 2018 all staff will be reeducated on immediately reporting suspected abuse, who to report suspected abuse to, and types of abuse. (Documentation will be kept)
5. Facility will continue to educate all new hires according to 2600.65(b). (Documentation will be kept)
6. Facility will continue to educate all staff annually according to 2600.65(g). (Documentation will be kept)

Immediately: The administrator will review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with regulation 2600.16©

2-15-18

Clay Collins 2/13/18

2-15-18

Violation Report: 43341 - 05/10/2017 - Georgoulis, Karen
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

FEB 14 2018

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 4/20/17 at approximately 1:30 p.m., direct care staff person A is the process of providing a shower to resident #1. During that time, direct care staff person A left the resident's room with the resident unclothed in the bathroom to attend a staff training. The direct care staff person staff person returned to give the resident a shower approximately 30 minutes later. The direct care staff person and resident #1 were involved in a verbal altercation. Direct care staff person A slammed resident #1 bathroom door and stated "Give yourself your own shower". The resident felt humiliated based on the staff persons actions.

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 pages 5B 015

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/12/2016

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* Date *2/13/18*

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

The above plan of correction is approved as of 2-15-18
(Date)

Plan of correction implementation status as of 2-15-18
(Date)

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

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

Regulation 2600.42(c)

1. Staff member A and B are no longer employees at the facility.
2. Resident 1 no longer resides at the facility.
3. By 3/16/18 all current staff will be reeducated on resident rights and reporting violations of resident rights. (Documentation will be kept)
4. Each month through June 2018 all staff will be reeducated on resident rights and reporting violations of resident rights. (Documentation will be kept)
5. The Resident Care Manager will interview 15 residents per month through May 2018 regarding their treatment by staff. (Documentation will be kept)
6. Facility will continue to educate all new hires according to 2600.65(b). (Documentation will be kept)
7. Facility will continue to educate all staff annually according to 2600.65(g). (Documentation will be kept)

Christina 2/13/18

2-15-18