



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 23 2018

Ms. Nancy Scenna
Administrator
Paramount Senior Living at Peters Township, LLC
240 Cedar Hill Drive
McMurray, Pennsylvania 15317

RE: Paramount Senior Living
at Peters Township
Certificate #: 443460

Dear Ms. Scenna:

As a result of the Department of Human Services' annual licensing inspection on September 6, 2017; September 7, 2017 and September 8, 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 that reads "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 PETERS TOWNSHIP		License Number: 44346
Address: 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317		County: Washington
Administrator: Denise Vertullo		Region: WEST
Legal Entity Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC		
Legal Entity Address: 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317		RECEIVED
Certificate(s) of Occupancy I-1 / I-2 / A-2 11/16/2011 Peters Township		FEB 26 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 135	Waking Staff: 101
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		
09/06/2017: Pfaff, Vicki; Grace, Desmond		
09/07/2017: Pfaff, Vicki; Grace, Desmond		
09/08/2017: Pfaff, Vicki; Grace, Desmond		
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: 109 Number of Residents Served: 94 Secured Dementia Care Unit in Home: Yes Area: SDCU Secured Dementia Unit Capacity, if Applicable: 34 Number of Residents Served in Secured Dementia Care Unit, if applicable: 24 Number of Current Hospice Residents: 12 Number of Hospice Residents in past year: 40	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 93 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 41 Have a Physical Disability: 1	

Violation Report: 44346 - 09/06/2017 - Pfaff, Vicki

FEB 26 2018

PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST VIRGINIA UNIVERSITY
Human Services License # 100

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9/6/17 at 3:45pm, the #1 medication cart laptop, located in the first floor hallway by the director of nursing's office, was logged into, unattended and accessible. Resident information was accessible to include: medication administration records (MAR), physician orders, insurance information, dates of birth, and shift change reports for the following residents: #1, #2, #3 and #4.

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 page 2A of 10

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* Nancy Seenna, RN, ED

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy Seenna, RN, ED* Date *3/6/18*

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

The above plan of correction is approved as of 3-6-18 (Date)

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

Plan of correction implementation status as of 3-6-18 (Date)

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

FEB 26 2018

WEST REGIONAL FIELD OFFICE
Human Services Licensing

Regulation 2600.17

1. Medication cart #1 and report sheet were corrected at time of at time of survey.
2. Resident 1, 2, 3 and 4 remain at the facility and their information is not accessible via lap top or report sheets on top of medication cart.
3. All nursing staff will be re-educated by 3/2/18 on resident record and confidentiality to include: medication administration records (MAR), physician orders, insurance information, dates of birth and shift change reports for any resident.
4. A random audit of medication carts for computer accessibility and report sheets revealing resident information will be conducted bi-weekly for four weeks by Senior Living Director of Nursing/Designee and then weekly for two months.
5. All education and audits will be documented and retained for records.

Nancy Brown
 Nancy Brown, RN
 RN
 Nancy Knauft Campus Director
 3/1/18

3-6-18

Violation Report: 44346 - 09/06/2017 - Pfaff, Vicki
 PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

FEB 26 2018
 WEST MICHIGAN FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:
 (1) An orientation program approved and administered by the Department.
 (2) A 100-hour standardized Department-approved administrator training course.
 (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION
 Staff person A, who was serving as the home's administrator at time of inspection, did not complete the Department-approved Administrator Orientation course until 10/27/17.

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 attached page 3A of 10

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nancy Jerome, ED*

Date *2/21/18*

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

<p>The above plan of correction is approved as of <u>3-6-18</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>3-6-18</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>f</i></p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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FEB 26 2018

WEST REGION FIELD OFFICE
Human Services Licensing

2600.64(a)

1. Staff person A is no longer serving as the home's administrator.
2. Staff person A did complete the Administrator Orientation Course on 10/27/17.
3. The current employee serving at the home's administrator has taken the required orientation.
4. Human Resources will be re-educated by 3/2/18 on the requirements of a new employee serving as the home's administrator for future knowledge.
5. Education will be retained for records.

Nancy Bennett
Nancy Bennett
 5/18
Angie Knau # Campus Director
Knau 2/21/18

3-678
A

Violation Report: 44346 - 09/06/2017 - Pfaff, Vicki
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

FEB 28 2018

CENTRAL REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 9/6/17, the deep fryer in the home's kitchen was filled with dark brown to black oil with a 1/2" thick brown substance with crispy particles forming a 4-6" wide border around the oil. The deep fryer has been out of service for approximately 2 to 3 weeks and has not been cleaned.

On 9/6/17, the lids on the each of the two 12 quart cereal containers, in the SDCU kitchenette, had a sticky film which appeared to be syrup along 2 of 4 edges.

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 page 4100610

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Nancy Seaman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nancy Seaman, Campus Director* Date *2/21/18*

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

The above plan of correction is approved as of 3-6-18
(Date)

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

Plan of correction implementation status as of 3-6-18
(Date)

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

Page 9A of 10

FEB 26 2018

WEST REGION FIELD OFFICE
Human Services Licensing

2600.85(a)

1. The deep fryer, that was not in use for several weeks, was cleaned at the time of inspection.
2. The two 12 quart cereal containers in the SDU were replaced at the time of inspection.
3. The kitchen staff will be re-educated on proper sanitary conditions by 3/2/18.
4. An an audit of the deep fryer in kitchen and 12 quart cereal containers on the SDU will be conducted bi-weekly for one month and weekly for two months.
5. All documentation of audits and education will retained for records.

Nancy Brown
Nancy Brown
ED
Karyn Kallant Campus Director
Kallant 3/2/18

3-6-18

Violation Report: 44346 - 09/06/2017 - Pfaff, Vicki
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

FEB 26 2018

WEST VIRGINIA STATE OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 9/6/17, there were open and unsealed items in the kitchen walk-in freezer to include:

- * A 1/2 full 5 pound bag of chicken breasts
- * A 3/4 full 10 pound bag cod fish patties
- * A 3/4 full 10 pound bag of fully cooked chicken drum sticks

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 page 5A of 10

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

Signature of Legal Entity Representative *Nancy Bennett, Director of Compliance*
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Nancy Bennett, Director of Compliance* Date *2/21/18*
(Required on EVERY Page)

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

The above plan of correction is approved as of 3-6-18
(Date)

Plan of correction implementation status as of 3-6-18
(Date)

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

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

RECEIVED

FEB 26 2018

WEST REGION FIELD OFFICE
Human Services (100-510)

PH 510-516

2600.103(g)

1. The items in the walk in freezer were corrected at the time of inspection.
2. Kitchen staff will be re-educated by Dietary Manager/Designee on the proper storage of food in closed or sealed containers by 3/2/18.
3. An audit of walk in freezer will be conducted bi-weekly for one month and then weekly for two months for sealed storage of foods.
4. Education and audits will be retained for records.

*Neeraj Saini
Honey Saini, MSW
ED*

*Dr. Knouff Campus Director
Knouff, 2/21/18*

3-6-18

Violation Report: 44346 - 09/06/2017 - Pfaff, Vicki

FEB 26 2018

PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST PENNSYLVANIA REGION
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 9/6/17, there were opened and undated food items in the kitchen walk-in freezer to include:

- * 1/2 full 5 pound bag of chicken breasts
- * 3/4 full 10 pound bag cod fish patties
- * 3/4 full 10 pound bag of fully cooked chicken drum sticks

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 pages 6 & 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nancy Sommer (Campus Director)

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

Nancy Sommer
Campus Director

Date

2/1/18

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

The above plan of correction is approved as of

3-6-18
(Date)

Plan of correction implementation status as of

3-6-18
(Date)

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

The above plan of correction was approved by

NS
(Initials)

RECEIVED

FEB 26 2018

(WEST REGION FIELD OFFICE
Human Services Licensing

2600.103(i)

1. The opened and undated food items found in the walk in freezer were corrected at the time of survey.
2. The dietary staff will be re-educated by the Dietary Manager/Designee on proper sealing and dated of foods in the walk in freezer by 3/2/18.
3. An audit of the walk in freezer will be conducted for appropriate sealing and dating of foods bi-weekly for one month and weekly for two months.
4. Documentation of audits and education will be retained as records.

Nancy [unclear]
 Nancy [unclear]
 EN

Angie Krouff Campus Director
 almkrouff 3/2/18

7-6-194

Violation Report: 44346 - 09/06/2017 - Pfaff, Vicki
 PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
 RAYMOND BARNETT (1007318)

1. REGULATION 55 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

Resident #5 is prescribed blood glucose checks four times a day. On 9/4/17 at 7:00 a.m. the resident's September 2017 MAR indicates a blood glucose level of 122. However, the reading is not recorded in the resident's glucometer.

On 9/7/17, there was an unlabeled glucometer in the 2-East medication cart. The glucometer was not calibrated to date and time; the glucometer contained blood glucose readings.

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 page 7A-F16

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Paramount Campus Director Nancy Seina</i>	<i>2/21/18</i>

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

The above plan of correction is approved as of <u>3-6-18</u> (Date)	Plan of correction implementation status as of <u>3-6-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

FEB 26 2018

2600.185(a)

WEST REGION FIELD OFFICE
Human Services Licensing

1. Resident #5 no longer resides at the facility.
2. Residents who receive blood glucose checks will be audited by DON/designee to ensure proper storage and use of their individual glucometer machine bi-weekly for four weeks and weekly for two months.
3. The medication cart on the 2 – East unit will be randomly audited by DON/designee for unlabeled glucometer machines bi-weekly for four weeks and weekly for two months.
4. Staff will be re-educated on the proper storage and use of glucometers for residents who require blood glucose checks by Diabetic Trainer/Director of Nursing by 3/2/18.
5. Documentation of audits and education will be retained for records.

Nancy ...
 Nancy ...
 EN

Doree Krauff Campus Director
 Krauff 2/21/18

3-6184

FEB 26 2018

Violation Report: 44346 - 09/06/2017 - Pfaff, Vicki
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST BERNHARD COUNTY OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #6's initial assessment, dated 7/27/17, does not address the resident's need to use a wheel chair to ambulate.

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 page 8A0610

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)

Nancy Dunne, Campus Director

Date

2/1/18

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

The above plan of correction is approved as of

3-6-18
(Date)

Plan of correction implementation status as of

3-6-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Page 8 of 10

RECEIVED

FEB 26 2018

WEST REGION FIELD OFFICE
Human Services Licensing

2600.225(a)

1. Resident #6 no longer resides at this facility.
2. Admissions staff will be re-educated by the DON/designee on the necessity of the initial written assessment to include the resident's need for devices (wheelchair) for mobility purposes by 3/2/18.
3. A random audit of 5 initial assessments will be conducted by the Campus Director to ensure initial assessments accurately define mobility needs monthly for three months unless there are less than 5 admissions per month.
4. Documentation of education and audits will be retained for records.

Nancy Seena
Markus [unclear]
ED

Dorje Knapp Campus Director
[unclear] 3/2/18

3-6-18

Violation Report: 44346 - 09/06/2017 - Pfaff, Vicki
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's significant change assessment, dated 3/22/17, was not updated with additional foods permitted (scrambled eggs, cottage cheese, and mashed potatoes) as of the 5/2/17 speech therapy evaluation.

Resident #7's significant change assessment, dated 9/1/17, does not include the resident's need/order for the use of a specialized chair for positioning as noted on the resident's medical evaluation dated 9/1/17.

Resident #8's annual assessment, dated 4/13/17, was not updated to address the resident's need for additional supervision (such as the every 1/2 hour checks that the PCH initiated on 7/17/17) due to his/her removing bed and chair alarms his/her repeated falls as follows:

- * 7/12/17 at 2:00 a.m.
- * 7/14/17 at 10:30 p.m.
- * 7/16/17 at 6:15 a.m.
- * 7/16/17 at 9:00 p.m.
- * 7/16/17 at 10:00 p.m.
- * 7/17/17 at 4:30 p.m. - PCH put on q 1/2 hour checks
- * 7/19/17 at 5:45 a.m.
- * 7/19/17 at 7:45 p.m.
- * 7/29/17 time unknown
- * 8/5/17 at 2:50 p.m.

Resident #9's annual assessment, dated 7/11/17, indicates the resident requires assistance with transfers and requires assist with transports for long distances in regard to ambulating. However, the resident's mobility assessment section indicates the resident's needs are Minimal (Mobile).

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 pgs 9 & 10

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Nancy Sunna</i>	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nancy Sunna (Campus Director)</i>	<i>2/21/18</i>

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

The above plan of correction is approved as of 3-6-18
(Date)

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

Plan of correction implementation status as of 3-6-18
(Date)

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

Pg 9 of 10

RECEIVED

FEB 26 2018

WEST REGION FIELD OFFICE
Human Services Licensing

2600.225(c)

1. Resident #8 no longer resides at this facility.
2. Residents #1, #7 and #9 had corrections made at the time of inspection.
3. DON/designee will be re-educated by the Campus Director on the proper completion of a significant change assessment to include additional foods permitted, use of a specialized chair for positioning and assistance required for mobility.
4. A random audit of 2 significant change assessments will be completed by the Campus Director/designee per month for accuracy unless there are less than 2 occurrences in that month, for three total months.
5. Documentation of education and audits will be retained as records.

*Nancy Jones
Harry Jones
ES
Doreen Knuff Campus Director
Knuff 02/1/18*

7-6-18

Violation Report: 44346 - 09/06/2017 - Pfaff, Vicki
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #10's annual assessment, dated 12/20/16, indicates that the resident's supervision need is extensive "Resident requires regular supervision in the home and cannot leave home unattended; unaware of unsafe areas". However, the resident's support plan does not indicate the specific care and services the home will provide to meet this need.

Resident #11's significant change assessment dated 11/10/16 indicates that the resident's supervision need is extensive "Resident requires regular supervision in the home and cannot leave home unattended; unaware of unsafe areas". However, the description of need indicates resident "may require supervision when in unfamiliar places. The resident's mobility assessment indicates that the resident is "Total (immobile)." However, the description of Mobility Needs indicates resident "may require assistance when evacuating.

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 page 16 H of 10

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) *Paramount Campus Director* Date *2/21/18*
Nancy Summa

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

The above plan of correction is approved as of 3-6-18 (Date)

Plan of correction implementation status as of 3-6-18 (Date)

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

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

PA 104116

RECEIVED

FEB 26 2018

WEST REGION FIELD OFFICE
Human Services (170410)

2600.227(c)

1. Resident #10 and #11 no longer reside at the facility.
2. DON/designee will be re-educated on the need for Resident Support Plan to be revised within 30 days upon completion of the annual assessment and/or significant change by the Campus Director by 3/2/18.
3. The Campus Director will conduct a random audit of two annual assessments per month for three total months to ensure the Support Plan is revised accordingly within 30 days of the completion date.
4. Documentation of education and audits will be retained for records.

Nancy ...
 Nancy ...
 ED

Angela ... Campus Director
 8/1/18

7-6-18