



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 27 2018

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' annual licensing inspection on September 11, 2017 and September 12, 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: 44088 - 09/11/2017 - Knee, Donald
 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

On 9/11/17, at approximately 10:00 AM, the right side of a medication cart was unlocked and unattended outside of bedroom # 210. The medication cart contained medications, including medications for resident #3.

On 9/11/17, at approximately 11:10 AM, there was a tube of 85 Muscle Rub Cream, with the instructions "apply topically to bottom right foot daily," unlocked, unattended, and accessible on the dining room table of resident #1's bedroom. Resident #1's medical evaluation, dated 8/7/17, indicates the resident is unable 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.

2600.183 (b)

1.) dated 9/11/17. A full inservice was performed as part of a P.O.C. accepted on 2/1/18. (Please see attached.)

A.) Daily ongoing monitoring is done daily by both the Executive Director and D.O.W. as part of a quality assurance. (Please see attached). Documentation of daily audits shall be kept. 2/21/18

2.) dated 9/11/17. 3 months meetg were held in 9/17, 10/17, and 11/17.

Each meetg addressed the security and storage of medication.

(Please see attached) weekly walk-throughs of specified nurg units by the Executive Director and floor nurses are also used to identify and remove anything that may be found. Training and discipline to the employee if found to be a repeat offender.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/06/2017	
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald G. Chenik, PCHA, LPJ*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ronald G. Chenik, PCHA, LPJ* Date *2/15/18*

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

The above plan of correction is approved as of <u>2/21/18</u> (Date)	Plan of correction implementation status as of <u>2/21/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44088 - 09/11/2017 - Knee, Donald
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 10/6/16, and support plan, dated 10/6/16, were revised in the following areas; however, the entries were not dated or signed by the staff person making the entry: Eating, Drinking, Bladder Management, Bowel Management, Personal hygiene, Managing healthcare, Securing healthcare, turning and positioning in bed/chair, Doing laundry, Shopping, Assessment - Mobility and Dietary Need.

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.

2600.251 (b)

- 1.) Resident #2 CTB in March 2017.
- 2.) Support Plan in-service was completed [@] as part of accepted P.O.C. as of 2/1/18. (Please see attached)
- 3.) The Director of Nursy and Admission Director will review upon admission that all signatures are in place for both initial admission and annual review.
- 4.) This process will be ongoing and reviewed with all norg staff during monthly meets and QA reviews by the Executive Director.

Immediately: A designated staff person shall develop and implement a system to ensure all entries made on resident assessments and support plans are dated and initialed by the staff person making the entry. *f 2/21/18*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tracy A. Blum*, PCHA, LPD

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ronald G. Olenik, PCHA, LPD</i>	Date <i>2/15/18</i>
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