pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 6, 2017

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' licensing inspection on November 7, 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,

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing 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: Derek Culbertson	**Region:** WEST

Legal Entity Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC

Legal Entity Address: 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317

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Human Services Licensing

Certificate(s) of Occupancy
I-1
11/18/2011
Peters Township

Staffing Hours

Resident Support: 0	Total Daily Staff: 130	Waking Staff: 98
Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
11/07/2017: Hoover, Josh

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 who:**
Number of Residents Served: 90	**Receive Supplemental Security Income:** 0
Secured Dementia Care Unit in Home: Yes	**Are 60 Years of Age or Older:** 89
Area: 2nd Floor	**Have Mental Illness:** 0
Secured Dementia Unit Capacity, if Applicable: 34	**Have an Intellectual Disability:** 0
Number of Residents Served in Secured Dementia Care Unit, if applicable: 23	**Have a Mobility Need:** 40
Number of Current Hospice Residents: 12	**Have a Physical Disability:** 0
Number of Hospice Residents in past year: 45	

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Violation Report: 44346 - 11/07/2017 - Hoover, Josh
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

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 11/5/2017, at approximately 6:30 p.m., Resident #1 made an allegation of abuse to staff person A, regarding staff person B being "mean" to him/her, and said staff person B "Hits me," and proceeded to slap his/her own arm to demonstrate. Resident #1 also reported that staff person B "Won't let you talk," and staff person B said "If you don't shut your mouth, I'll throw you in this bed and leave you here all day." This incident was not reported to the local Area Agency on Aging until 11/6/2017 at 9:30 a.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.

Our plan to immediately correct the specific issue cited (2600.15a) and ongoin plan to assure continued compliance includes:

On the morning of 11/6/2017, the Director of Nursing found a note in her mailbox from an employee that had received an abuse concern the evening before. Staff person B was still currently working her shift as the shift began on 11/5/17 and ended 11/6/17. The Director of Nursing responded by immediately suspending staff person B and sending staff person B home. Resident #1 was then assessed for any injury and was found to have none. After suspending the employee and ensuring that the resident was safe, the Director of Nursing reported the incident to the local Area Agency on Aging. Immediately after, the report to the Department of Human Services was completed. Both of these reports were completed expeditiously on 11/6/17. The timeliness issue occurred as a result of staff not reporting the incident to the Administrator of Dir. of Nursing immediately.

The initial investigation of the facility revealed that after notification, the DON responded appropriately/timely. The Administrator and Director of Nursing continued the investigation through multiple staff and resident interviews. The facility investigation, along with support from both AAA and DHS investigation, led the facility to terminate staff person B.

The plan to ensure the violation does not reoccur is as follows:
1.) Staff Training: By 11/7/2017, employees A and C, along with another employee we found to have had knowledge on 11/5/17, were re-educated on the importance of IMMEDIATE notification to the Area Agency on Aging as well as to the Director of Nursing and/or Administrator so that they can follow up with both AAA and DHS. Additionally, they were educated on the immediate removal from the premises of any employee accused of abuse or neglect. Finally, they were also educated on the importance of ensuring the resident's safety throughout the process.

On 11/9/2017, staff were in-serviced on AAA and DHS abuse reporting requirements, general dignity and respect, as well as details of 2600.15(a) and 2600.15(b).

2.) Continued monitoring:
a. The violation will be added to the quality assurance reviews/meetings and an assessment of compliance with ongoing training of Abuse and neglect as well as dignity and respect.
b. The facility will conduct in-services on abuse and importance of timely reporting, dignity and respect, protection of residents during investigation periods, and general resident rights during the monthly staff meetings for a minimum of the next 6 months. The facility will request attendance from the Ombudsman to attend at least one of those meetings.

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

Signature of Legal Entity Representative (Required on EVERY Page) Denise Vertullo

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Denise Vertullo — Date 11/17/2017

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

The above plan of correction is approved as of 11/28/17 (Date)

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

Plan of correction implementation status as of 11/28/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

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NOV 17 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44346 - 11/07/2017 - Hoover, Josh
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

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 11/5/2017, at approximately 6:30 p.m., Resident #1 made an allegation of abuse to staff person A, regarding staff person B being "mean" to him/her, and said staff person B "Hits me," and proceeded to slap his/her own arm to demonstrate. Resident #1 also reported that staff person B "Won't let you talk," and staff person B said "If you don't shut your mouth, I'll throw you in this bed and leave you here all day." This incident was not reported to the local Area Agency on Aging until 11/6/2017 at 9:30 a.m.

This allegation was immediately reported to staff person C, the evening charge nurse and designee; however, staff person B continued to work unsupervised in the home from 3:00 a.m. to 7:00 a.m., at which time he/she was suspended.

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

Date 11/17/2017

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