



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 09 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's Bureau of Human Services Licensing annual inspection on April 9, 2018 and April 10, 2018, 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 "Jacqueline L. 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: Rocco Palladini		Region: WEST
Legal Entity Name: PARAMOUNT HEALTH RESOURCES LLC		
Legal Entity Address: 100 KNOEDLER ROAD, PITTSBURGH, PA 15236		RECEIVED
Certificate(s) of Occupancy		JUL 19 2018
I-1 07/07/2010 Baldwin Borough	I-2 07/07/2010 Baldwin Borough	WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 88	Total Daily Staff: 228	Waking Staff: 171
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/09/2018: Mulick, Cindy		
04/10/2018: Mulick, Cindy; 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: 110 Number of Residents Served: 84 Secured Dementia Care Unit In Home: Yes Area: Third Floor East Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served In Secured Dementia Care Unit, if applicable: 17 Number of Current Hospice Residents: 7 Number of Hospice Residents In past year: 52		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 80 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 56 Have a Physical Disability: 1

Violation Report: 43341 - 04/09/2018 - Mulick, Cindy
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
On 4/9/18 at 10:53 a.m., the refrigerator on the third floor east memory care unit measured 51 degrees Fahrenheit.

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 2^a of 4

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 *7-19-18*

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

The above plan of correction is approved as of 7/2/18
(Date)

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

Plan of correction implementation status as of 8/2/18
(Date)

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

JUL 19 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.103(f)

Page 2^a of 4

- On 4/9/18, the third floor east memory care unit refrigerator temperature was monitored Maintenance Manager. Temperature was followed up by surveyor to be in compliance later on in day. No repairs were required. Staff most likely left refrigerator door open for a period of time.
- By end 7/31/18 full time and part time nursing staff and dietary staff will be reeducated on proper temperature ranges and why temperature ranges are used, ensuring refrigerator door is securely closed after each use, and how to report concerns with out of range temperatures. (Documentation will be kept)
- Each month thru October full time and part time nursing staff and dietary staff will be reeducated on proper temperature ranges and why temperature ranges are used, ensuring refrigerator door is securely closed after each use, and how to report concerns with out of range temperatures. (Documentation will be kept)
- Dietary Manager or designee will document temperature of refrigerator daily to ensure compliance with temperature ranges and provide reeducation/discipline as needed. (Documentation will be kept)

Carolyn Carlin
Carolyn Carlin

7-19-18

Violation Report: 43341 - 04/09/2018 - Mulick, Cindy
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 4/10/18, the glucometer for Resident #1 was not calibrated to the correct date and time.

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 3 of 4

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/03/2017 *et al*

Signature of Legal Entity Representative
(Required on EVERY Page)

Carol Carter

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

Carol Carter

Date

7-19-18

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

The above plan of correction is approved as of

8/2/18
(Date)

Plan of correction implementation status as of

8/2/18
(Date)

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

The above plan of correction was approved by

mu
(Initials)

RECEIVED

JUL 19 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.185(a)

Page 3⁹ of 4

I would like to request reconsideration of this violation and removal from violation report. The glucometer for Resident #1 was turned on initially by surveyor and Resident Care Manager with the date and time, then shut off and turned back on to show a different date and time. This is an issue with glucometers that should be taken into consideration. Facility checks batteries and replaces glucometers as needed. All other glucometers in the facility were calibrated to correct date and time.

- On 4/10/18, all other glucometers were checked. No adjustments were required as all were correct.
- By 7/31/18, all full time and part time authorized medication administrators will be reeducated on compliance with maintaining current date/time on each glucometer, how to calibrate a glucometer, and how to report/replace a glucometer not functioning properly. (Documentation will be kept)
- Each month thru October, all full time and part time authorized medication administrators will be reeducated on compliance with maintaining current date/time on each glucometer, how to calibrate a glucometer, and how to report/replace a glucometer not functioning properly. (Documentation will be kept)
- From 8/1/18 through 10/31/18, Resident Care Manager or designee will perform random audits weekly during administration of glucose monitoring/insulin ensuring calibration of date/time of glucometer with staff member. Reeducation/discipline will be provided as needed. (Documentation will be kept)

Carol Carter
Carolyn Carter

7-19-18

Resident #1 no longer resides at the home. *mu. 8/2/18*

JUL 19 2018

Violation Report: 43341 - 04/09/2018 - Mulick, Cindy
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Novolog insulin 100u/ml - Inject 3 times daily per sliding scale as follows:

Blood glucose Units

0 - 140	0
141 - 180	1
181 - 220	2
221 - 260	3
261 - 300	4
301 - 340	5
> 340	6 and Call MD

On 4/6/18 at 11:30 a.m., resident #1's blood glucose reading was 401 requiring 6 units to be administered and the physician notified; however, only 5 units of insulin were administered.

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 4⁹ of 4

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cindy Carter*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cindy Carter* Date *7-19-18*

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

The above plan of correction is approved as of <u>8/2/18</u> (Date)	Plan of correction implementation status as of <u>8/2/18</u> (Date)
The above plan of correction was approved by <u>9W</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>9W</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JUL 19 2018

Regulation 2600.187(d)

WEST REGION FIELD OFFICE
Human Services Licensing

I would like to request reconsideration of this violation and removal from violation report. Resident #1 does not have a prescription for "Novolog insulin 100U/ml – inject 3 times daily per sliding scale" on 4/6/18.

- By 7/31/18, full time and part time medication administrators will be reeducated on following prescriber's directions. The reeducation will focus on parameters prior to medication administration such as vital signs and blood glucose levels.
- Each month thru October, full time and part time medication administrators will be reeducated on following prescriber's directions. The reeducation will focus on parameters prior to medication administration such as vital signs and blood glucose levels.
- From 8/1/18 through 10/31/18, Resident Care Manager or designee will perform random audits weekly during administration of medications focusing on administration of medications requiring parameters prior to administration such as vital signs and blood glucose levels. Resident Care Manager will ensure proper administration and documentation occurs. Reeducation/discipline will be provided as needed. (Documentation will be kept)

Carol Carter
Carolyn Carter

7-18-18

Resident #1 no longer resides in the home. pu. 8/2/18