



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 25, 2018

Mr. Ronald Olenik
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. Olenik:

As a result of the Department's Bureau of Human Services Licensing inspection on May 2, 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.

Sincerely,

A handwritten signature in black ink that reads "Jason Williams" with a stylized flourish at the end.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 44088 - 05/02/2018 - Mulick, Cindy
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa.Code §2600
 2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 The assessment and support plan for resident #1, both dated 4/18/17, indicate that the resident requires assistance with toileting and associated hygiene issues and that two staff persons will assist the resident in meeting these service needs. However, on 4/1/18 at approximately 6:30 p.m., staff person A assisted the resident in the bathroom by him/herself. When staff person A turned from the resident to get an incontinence brief, the resident fell from the toilet to the floor sustaining 2 hematomas to the forehead.

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 attachment 1

Repeat Violation; No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Rebecca PARADOWSKI	10/27/18

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

The above plan of correction is approved as of 9/19/18
 (Date)

The above plan of correction was approved by 9W
 (Initials)

Plan of correction implementation status as of 9/19/18
 (Date)


- Fully Implemented
- Partially Implemented - Adequate Progress 9W
- Partially Implemented - Inadequate Progress
- Not Implemented


Attachment 1

Regulation 2600.23(a)

The RASP dated 4/18/17 for Resident #1 was not accurately updated. Update on RASP stating that resident was able to be assisted with one person was inadvertently documented under "Transferring in/out of bed/chair" instead of "Toileting".

- Resident #1 no longer resides at the facility.
- Executive Director and/or designee will review all RASPS to ensure all accurate documentation of current assessments and plans by 10/1/18. (Documentation will be kept)
- By 10/1/18 full time and part time direct care staff will be reeducated on RASP location, purpose, and usage. (Documentation will be kept)
- Each month through November full time and part time direct care staff will be reeducated on RASP location, purpose, and usage. (Documentation will be kept)
- Starting 10/1/18 Executive Director or designee will audit 5 staff members per week to ensure they know RASP location, purpose, usage, and to confirm accurate delivery of care per RASP. (Documentation will be kept)

 10/27/18

 9/19/18