



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: June 28, 2018

Mr. James J. Cox,
CEO
Paramount Senior Living at Fayetteville, LLC
3025 Washington Road, Suite 201,
McMurray, Pennsylvania 15317

RE: Paramount Senior Living at Chambersburg
Road
6375 Chambersburg Road
Fayetteville, Pennsylvania 17222
Certificate #: 333830

Dear Mr. Cox:

As a result of the Department's Bureau of Human Services Licensing inspection on June 14, 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, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 33383 - 06/14/2018 - McCloskey, Jason
PCH Name: PARAMOUNT SENIOR LIVING AT CHAMBERSBURG ROAD

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 died on [redacted] 18. The home has not submitted an incident report to the Department regarding the death.

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

Based on the conclusion of the investigation the facility will comply with regulations related to reportable incidents and conditions and submit a final report to the Department of Human Services of any alleged incident or condition.

The Personal Care Home Administrator will review all incidents to determine based on the regulation if the incident warrants a report to be filed with Department of Human Services. The Personal Care Home Administrator and/or designee will complete the report and maintain a copy of the records based on the facility policy.

Director of Wellness will in-service and education all staff members on the regulation and facility policy related to reporting requirements (Regulation 2600.16c).

The Personal Care Home Administrator and/or designee will audit all incident reports to ensure the requirements of reportable incidents are completed and filed timely.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tommy Wentz PCHA* Date *6/26/18*

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

The above plan of correction is approved as of *6/28/18*
(Date)

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

- Plan of correction implementation status as of *6/28/18*
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 33383 - 06/14/2018 - McCloskey, Jason
PCH Name: PARAMOUNT SENIOR LIVING AT CHAMBERSBURG ROAD

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 Percocet Tablet 5-325 mg (Oxycodone-Acetaminophen), one tablet by mouth two times a day for left ankle pain. This medication was not administered to Resident #1 on 6/2/18 at 8pm and 6/3/18 at 8am.

3. PLAN OF CORRECTION (POC) *(Attach pages as applicable. Remember that you must sign and date any attached pages.)*
Include steps to correct the violation, describe a follow-up step to prevent a similar violation from occurring again, and list the individuals responsible, including dates by which the steps will be done.

Resident #1 in charge resides at the facility.

Physician will be notified within 24 hours if resident refuses and/or if resident is showing any adverse reactions to medications.

Director of Wellness will in-service and education all staff members on the regulation and facility policy related to administrating medications based on physician order along with notifications.

Personal Care Home Administrator and/or designee will review medication and treatment records to ensure compliance related to medication administration weekly and will report findings to Quality Improvement Committee.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tammy Wentz, PCHA*

Date *6/26/18*

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The above plan of correction is approved as of *6/28/18*
 (Date)

Plan of correction implementation *6/28/18*
 s.a.

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

The above plan of correction was approved by *BBS*