



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 8, 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 inspection on June 15, 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 "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing 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: Carolyn Carlin		Region: WEST
Legal Entity Name: PARAMOUNT HEALTH RESOURCES LLC		
Legal Entity Address: 100 KNOEDLER ROAD, PITTSBURGH, PA 15236		RECEIVED
Certificate(s) of Occupancy C-2 LP 11/13/1989 Labor and INdustry		JUL 31 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 134	Waking Staff: 101
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
06/15/2018: Garrigan, Laurie; Mulick, Cindy		
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: 79 Secured Dementia Care Unit in Home: Yes Area: 3-D, 3rd floor east unit. Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 50	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 79 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 55 Have a Physical Disability: 1	

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43341 - 06/15/2018 - Garrigan, Laurie
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
On 6/12/18 at approximately 9:00 p.m., staff person A raised his/her hand to face level and smacked resident #1's hand while providing care and told the resident, "don't hit me like that".

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 Page 2A of 4

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cathy Corbin*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date *7/31/2018*

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

The above plan of correction is approved as of <u>8/6/18</u> (Date)	Plan of correction implementation status as of <u>8/6/18</u> (Date)
The above plan of correction was approved by <u><i>EC</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUL 31 2018

Regulation 2600.42(b)

WEST REGION FIELD OFFICE
Human Services Licensing

In regards to the incident on 6/12/18, the facility acted efficiently and effectively to resolve the incident. The facility was in compliance with all other regulations set forth in regards to resident rights, abuse, and abuse reporting including performing criminal background checks, resident rights training, abuse education, and abuse reporting. In addition, even though the incident occurred, the facility is proud of all the other staff members involved. Unfortunately, even with proper practices regarding staff, incident still occur within healthcare facilities. The facility places resident rights as a top priority. In the future, if another incident would occur, the facility would be proud if it was handled with such efficiency to protect the residents that live there.

- At time of allegation on 6/1/18 the staff member A was removed immediately from the facility and suspending until investigation was complete.
- On morning of 6/2/18, staff member A was effectively terminated from employment.
- Executive Director or designee will contact Local Ombudsman by 8/10/18 to set up a time to perform resident rights training and abuse education. Education will be completed at earliest convenience of Ombudsman with goal to provide education by 8/31/18.
- By 8/31/18, nursing staff will be reeducated on techniques and procedures to handle resident behaviors with focus on reviewing RASP prior to providing care for resident, redirection, initial approach, re-approach, and notification of supervisor. (Documentation will be kept)
- Each month through 10/18, nursing staff will be reeducated on techniques and procedures to handle resident behaviors with focus on reviewing RASP prior to providing care for resident, redirection, initial approach, re-approach, and notification of supervisor. (Documentation will be kept)
- Facility will continue to educate all new hires according to 2600.65(b). (Documentation will be kept)
- Facility will continue to educate all staff annually according to 2600.65(g). (Documentation will be kept)
- Facility will continue to comply with criminal background checks for staff. (Documentation will be kept)

Carol Cali 7/31/2018

Violation Report: 43341 - 06/15/2018 - Garrigan, Laurie
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.44(f) - Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

2a. DESCRIPTION OF VIOLATION

On 3/22/18, a written complaint was received at the home by resident #2's designated person; however, the home failed to respond to the complainant in writing.

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 Page 3A of 4

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carol Carlin

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

Date

7/31/2018

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The above plan of correction is approved as of

8/6/18
(Date)

Plan of correction implementation status as of

8/6/18
(Date)

The above plan of correction was approved by

L
(Initials)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.44(f)

The facility did not respond to the written complaint secondary to the substance of the complaint being handled on several occasions with complainant prior to receiving letter. The written complaint contained the same complaints in which the facility already answered on several occasions with complainant. Prior to receiving the written complaint, the complainant was aware of the facility's response and decision regarding the substance of the complaint.

- Immediately, all written complaints are to be reviewed with Department Manager and Executive Director (or designee).
- Immediately, Executive Director will keep a copy of all written complaints to ensure compliance with 2600.44(f). (Documentation will be kept).
- By 8/31/18, all staff will be educated on written complaint procedure including what to do if a written complaint is received. (Documentation will be kept).
- Each month through 10/18, all staff will be educated on written complaint procedure including what to do if a written complaint is received. (Documentation will be kept).

Carol Kolin 7/31/2018

Violation Report: 43341 - 06/15/2018 - Garrigan, Laurie
PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
On 6/12/18, the home reported an allegation of abuse by staff person A towards resident #1 to the Department; however, the incident was not submitted on the Department's current incident reporting form.

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 Page 4A of 4

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date *7/31/18*

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(Date)

Plan of correction implementation status as of 8/6/18
(Date)

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

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Regulation 2600.251(c)

The facility had the Department's current incident reporting form in place. A review of previous reportable incidents shows a consistent use of the current incident reporting form. All incident reports submitted to the Department after inspection on 6/15/18 has been on the current incident reporting form. The person submitting the report accidentally opened up an out of date digital version of the form when submitting on 6/12/18.

- On 6/15/18, the person submitting the incident report was reeducated on the use of the Department's current incident reporting form.
- On 6/15/18, previous versions of the Department's incident reporting form were removed.
- By 8/15/18, all staff responsible for submitting incident reports will be educated on use of current incident reporting form. (Documentation will be kept)
- Executive Director or designee will verify use of correct reporting form for the next 20 incident reports. (Documentation will be kept).

Carroll 7/31/2018