



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 08 2019

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's Bureau of Human Services Licensing annual inspection on August 28, 2018 and August 29, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP		License Number: 4434G
Address: 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317		County: Washington
Administrator: NANCY SCENNA		Region: WEST
Legal Entity Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC		
Legal Entity Address: 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317		RECEIVED
Certificate(s) of Occupancy 11/18/2011 Peter's Township		DEC 27 2018
Staffing Hours Resident Support: 0		Total Daily Staff: 143 Working Staff: 107
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/28/2018: Winters, Lynn; Mulick, Cindy; Graziano, Belinda 08/29/2018: Winters, Lynn; Mulick, Cindy; Graziano, Belinda		
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 Served: 90 ✓ Secured Dementia Care Unit in Home: Yes Area: 2nd floor Secured Dementia Unit Capacity, if Applicable: 38 - 34/100 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 18 ✓ Number of Hospice Residents in past year: 55	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 53 Have a Physical Disability: 1	

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Violation Report: 44346 - 08/28/2018 - Winters, Lynn
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 8/28/18, resident privacy coding documents were attached to the license inspection summaries dated 4/14/16, 8/29/16, and 8/30/16, and posted publicly at the home's reception desk. Multiple resident names were posted, to include residents #1, #2, #3, and #4.

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 2A of 10

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/06/2017 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Seenna*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy Seenna Administrator* Date *12/21/18*

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

The above plan of correction is approved as of 4/18/19 (Date)

Plan of correction implementation status as of 4/18/19 (Date)

The above plan of correction was approved by BS (Initials)

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

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WEST REGION FIELD OFFICE
Human Services License

Correction for violation of 2600.17-Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care proxy or a resident's designated person, or if a court orders disclosure.

The violation was immediately corrected on 8/28/18 at the time of the survey. All identifying information was removed from the survey book and all postings in the facility by 8/30/18.

All staff were in- serviced on regulation 2600.17 to ensure that all residents' records will be kept confidential. Documentation will be kept by the DON.

To ensure the deficient practice does not reoccur, The Executive Director will audit all postings and survey books monthly x 3 months and then every 6 months x2, beginning 9/1/18 and ending 9/1/19.

Resident records confidentiality will be added to the quarterly QA program to ensure continued compliance with 2600.17.

Marey Seaman

BB 4/18/19

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Violation Report: 44346 - 08/28/2018 - Winters, Lynn
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
On 8/28/18 at 12:00 PM, 6 tablets of Polident Denture Cleaner with a label indicating "If swallowed, contact poison control center immediately" were unlocked and accessible in resident #5's top night stand drawer of her shared bedroom, located in the secured dementia care unit (SDCU). Not all residents of the SDCU, to include residents #5 and #6, are assessed capable of recognizing and using poisons safely.

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 3A of 10

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Nancy Scenna*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nancy Scenna Administrator* Date *12/21/18*

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The above plan of correction was approved by <u>BS</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

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Violation Report: 44346 - 08/28/2018 - Winters, Lynn
FCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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: 8/29/18, the blood glucose reading histories from the glucometers belonging to resident #9 and resident #5 were deleted. Staff person A, the home's administrator, indicated that the home recently instituted a policy to have histories deleted from all glucometers at the end of each month.

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 6A of 10

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Nancy Senna*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nancy Senna Administrator* Date *8/21/18*

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

The above plan of correction is approved as of 4/18/19
(Date)

The above plan of correction was approved by BS
(Initials)

Plan of correction implementation status as of 4/18/19
(Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Correction for violation of 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.

Violation corrected at time of survey on 8/28/18. Glucometer readings will not be deleted at the end of every month.

All nursing staff were in-serviced on Reg 2600.185 (a) by 9/5/18. Already in place-residents have their own glucometer and supplies, labeled with their name and locked in the medication cart. Documentation of the education presented will be kept by the DON.

To ensure the deficient practice does not re-occur the DON/designee will monitor all resident Glucometers for accurate readings/individual glucometers/labeling/supplies/secured, monthly x3 (9/1/18-11/30/18. Documentation will be kept by the DON.

Glucometer readings will be added to the quarterly QA program to ensure continued compliance with Reg 2600.185(a)

Nancy Savano

BB 4/18/19

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44346 - 08/28/2018 - Winters, Lynn
POH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
The preadmission screening form for resident #5 does not indicate that the needs of the resident can be met by the services provided by the home.

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 7A of 10

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Nancy Scenna*

Printed Name and Title of Legal/Entity Representative
(Required on EVERY Page) *Nancy Scenna Administrator* Date *12/21/18*

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

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The above plan of correction was approved by <u>BS</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

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WEST REGION FIELD OFFICE
Human Services Licensing

Correction for violation of 2600.224(a)-A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the resident can be met by the services provided by the home.

The Violation was corrected at time of survey 8/28/18. All resident records were reviewed by the Admissions Manager for compliance with Reg 2600.224(a) by 9/30/18.

The Admissions Manager was in-serviced on reg 2600.224(a) on 9/1/18. Documentation of education presented will be kept by the DON.

To ensure the deficient practice does not reoccur all resident records will be reviewed by the Admissions Manager for compliance with Reg 2600.224(a) monthly x3 (12/20/18-3/31/19)

Pre-Admission screening will be added to the quarterly QA program to ensure continued compliance with Reg 2600.2249(a)

Resident #5 is no longer served in the home. BB 4/17/19

Nancy Seena

BB 4/13/19

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Violation Report: 44346 - 08/28/2018 - Winters, Lynn
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2. DESCRIPTION OF VIOLATION

The initial assessment for resident #9, dated 5/28/18, does not address the diagnoses of hypertension, delirium, depression, anxiety, or psychosis, which are listed on the resident's medical evaluation dated 4/20/18.

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 8A of 10

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/08/2017 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Seenna*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy Seenna Administrator* Date *12/21/18*

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- Partially Implemented - Inadequate Progress
- Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

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Correction of violation of 2600.225(a)-A resident shall have a written assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

The violation was corrected after the survey on 9/4/18.

The Admissions Manager was in-serviced on reg 2600.225(a) on 9/1/18. Documentation of education presented will be kept by the DON.

To ensure the deficient practice does not reoccur all new resident records will be reviewed by the Admissions Manager for compliance with REG 2600.255(a) monthly x3 (12/20/18-3/31/19)

Initial Assessment documentation will be added to the quarterly QA program to ensure continued compliance with Reg 2600.225(a)

Nancy Seaman

BS 4/18/19

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Violation Report: 44346 - 08/28/2018 - Winters, Lynn
FCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The significant change support plan for resident #10, dated 7/3/18, indicates that the resident is receiving hospice services. However, the name and contact information of the hospice provider are not included, and the support plan does not indicate which services the hospice agency will provide.

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 9A of 10

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/06/2017 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Seenna*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy Seenna Administrator* Date *12/21/18*

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Plan of correction implementation status as of 4/18/19 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Correction for violation of 2600.227(c)-The support plan shall be revised within 30 days of completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Violation corrected at time of survey on 8/29/18.

Education was provided by the Department of Human Services to the management team regarding documentation of services on the front of the RASP under Informal Supports on 8/29/18.

To ensure the deficient practice does not re-occur, the DON /designee will monitor RASPs on 10 charts a month for documentation of additional services and indication of services provided. Monitoring will start 1/1/19 and will be for 5 months. Documentation of the audits will be kept by the DON.

RASPs will be added to the Quarterly QA program to ensure continued compliance with Reg 2600.227(c).

Nancy Senner

BB 4/18/19

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Violation Report: 44346 - 08/28/2018 - Winters, Lynn
POH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Correction fluid was used to alter the rate per day on resident #9's contract dated 5/15/18.

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 10A of 10

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Scenna*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy Scenna Administrator* Date *12/2/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4/18/19 (Date)

Plan of correction implementation status as of 4/18/19 (Date)

The above plan of correction was approved by BB (Initials)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Correction for violation of 2600.251(b)-The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

Violation corrected at the time of survey on 8/29/18.

Staff were in-serviced regarding proper procedure when correcting an error by the Department of Human Services on 8/29/18. Documentation of education was kept by DON

To ensure the deficient practice does not re-occur, All residents records will be audited by the DON/designee for legibility and proper error corrections monthly x 3 months (9/1/18-11/30/18) Documentation of the audits will be kept by the DON

Resident records will be added quarterly to the QA program to ensure continued compliance with Reg 2600.251(b).

Nancy Jensen

BS 4/18/19