



MAILING DATE: October 5, 2018

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

RE: Paramount Senior Living at Lancaster County
2760 Maytown Road
Maytown, Pennsylvania 17550
Certificate #: 333901

Dear Mr. Cox:

As a result of the Department's Bureau of Human Services Licensing inspection on October 3, 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 "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 33390 - 10/03/2018 - Bomberger, Cybil
 PCH Name: PARAMOUNT SENIOR LIVING AT LANCASTER COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.142(c) - If a resident has a serious medical or dental condition, reasonable efforts shall be made to obtain consent for treatment from the resident or the resident's designated person.

2a. DESCRIPTION OF VIOLATION
 Resident #1, who resided in the Secured Dementia care unit of the home, fell at approximately 12:00 AM on 9/20/18. The home monitored the condition of the resident, but did not notify the resident's designated person until the resident fell again at approximately 6:30 AM on the 9/20/18. The resident was then sent to the hospital and subsequently admitted due to fractured ribs. The home failed to notify the resident's designated person of the initial fall that occurred on 9/20/19 at approximately 12:00 AM to determine if the designated person would like the resident sent to the hospital.

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.

At 12am when the resident fell, staff notified the physician of the fall. Staff also assessed the resident's pain, administered first aid to her hand lacerations, and started neuro checks. The resident did complain of pain at that time and was asked if she wanted to be sent to the hospital for evaluation. The resident refused and went back to bed and fell asleep. She was checked on frequently throughout the night and was sleeping with no complaints of pain. The resident did get out of bed and was found on the floor again at 6:30 am. At that time the POA was called and she was sent to the hospital for evaluation.

We investigated the incident and discovered that the POA was not called after the first fall. We have inserviced the entire nursing staff on the fall policy that will be followed going forward. The inservice is attached (Attachment #1). All nursing staff signed off on the policy (Attachment #2). In the event that an incident such as this occurs in the future, the resident's responsible party, as well as the physician will be notified immediately by the staff members on that shift regardless of the time of day that it occurs. The decision will then be made by the responsible party/POA on treatment.

The Director of Wellness and Executive Director will ensure compliance with this policy and continually reeducate.

Continued on Page 2A

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lori A. Prevost, Executive Director* Date *10/5/18*

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

The above plan of correction is approved as of 10/5/18
 (Date)

Plan of correction implementation status as of 10/5/18
 (Date)

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

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