



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: November 29, 2018**

Mr. James J. Cox,  
Chief Executive Officer  
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 November 19, 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:**  
**PCH Name:** PARAMOUNT SENIOR LIVING AT CHAMBERSBURG ROAD

**1. REGULATION 55 Pa.Code §2600**  
 2600.42(c) - A resident shall be treated with dignity and respect.

**2a. DESCRIPTION OF VIOLATION**  
 During the evening of 10/29/18, Resident 1 was experiencing an episode of anxiety and was yelling out repeatedly while attempting to stand up. Direct care staff A, B and C surrounded and, in escalating voices, told the resident to sit and stop yelling. Direct care staff person A stated that if the resident continued to try and hit women, staff would call the police and s/he would be put in jail.

**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.*

Resident support plan was reviewed and updated to reflect when resident is experiencing behaviors/anxiety for staff to provide one on one to ensure safety of other residents and staff within unit.

The Executive Director and/or designee will review 24 hour shift report to ensure any resident with episodes of behaviors or anxiety are properly addressed to ensure support plans are updated for resident intervention and safety.

Executive Director and/or designee will educate staff on requirements related to regulation 2600.42 along with requirements of following individual support plans. All staff will be in-serviced at time of hire and yearly thereafter to include treatment with dignity and respect related to regulation 2600.42.

Executive Director and/or designee will continue to monitor through 24 hour shift report daily to ensure compliance and will report findings to monthly Quality Assurance Committee. After substantial compliance facility will continue to monitor weekly and continue to report for quality improvement.

\* As a result the home's internal investigation into this matter , the three identified staff members' employment with the home was terminated.  
 BAS 11/29/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Christine Morby PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Christine Gorby PCHA* Date *11/29/2018*

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

The above plan of correction is approved as of <u>11/29/18</u> (Date)	Plan of correction implementation status as of <u>11/29/18</u> (Date)
The above plan of correction was approved by <u>BAS</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