



MAILING DATE: September 17, 2019

Ms. Janet Stockhausen
Compliance Officer
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. Stockhausen:

As a result of the Department's Bureau of Human Services Licensing inspection on July 23, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Jon B Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP*
Address: *240 CEDAR HILL DRIVE,, MCMURRAY, PA 15317*
County: *WASHINGTON* Region: *WESTERN*

License Number: *44346*

Administrator

Name: *Nancy Scenna* Phone: *7249691040* Email: *NSCENNA@PARAMOUNTSL.NET*

Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC*
Address: *240 CEDAR HILL DRIVE, MCMURRAY, PA, 15317*

Certificate(s) of Occupancy

Type: *1-2* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *155* Waking Staff: *116*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

07/23/2019 - On-Site: Vicki Siegert

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *109* Residents Served: *91*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *30* Residents Served: *25*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *64* Have Physical Disability: *1*

201 - Positive Interventions

Regulations

- 2600.
201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On 7/14/19, at approximately 2:00 p.m., direct care staff person A and direct care staff person B were providing incontinence care to resident #1. During this time resident #1 was lying on the bed on his left side and facing the wall. The resident let out a "blood curdling" scream. The resident's brief was removed, a new brief placed under the resident and the resident was returned to lying on his back. The resident then let out another scream at which time direct care staff person A covered the resident's mouth with her gloved hand and muffled his scream. Staff person A kept her hand over the resident's mouth for approximately 30 seconds. Staff person A failed to use positive interventions to address the behavior per the resident's support plan.

The support plan for resident #1 completed 1/11/19 indicates that for transferring in/out of bed/chair that the plan to meet service need is that "staff will transfer [resident] via a hooyer – 2 person." The resident's support plan was updated on 2/5/19 to note that resident "yells with transfers and care. Reassure." The Bladder management section of resident #1's support plan indicates that the plan to meet service need is that "staff will change [resident], provide hygiene and skin care after changes." The resident's support plan was updated on 2/1/19 to indicate that resident "yells with changes. Reassure. Talk to him. May hit and push at you." The bowel management section of resident #1's support plan indicates that the plan to meet service need is that "staff will change [resident], provide hygiene and skin care after incontinence." The support plan was updated on 2/1/19 to note that resident "yells with changes. Reassure." The behavioral or Cognitive Care Needs section of resident #1's support plan indicates that "[resident] can get upset and agitated." The plan to meet service need indicates "Redirect as needed. Remove from what is upsetting him. Come back and try later. Change environment."

Plan of Correction (POC)

See Page 3A of 4

(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

Legal Entity Representative

Nancy Seenna
Signature

Nancy Seenna PCA
Printed Name and Title

9/23/19
Date

201 - Positive Interventions (*continued*)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/16/19 Plan of correction implementation status as of 9/16/19
(Date) (Date)

The above plan of correction was approved by  Fully Implemented
(Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Plan of Corrections for violation of Regulation 201:

- Employee was suspended pending the investigation and terminated
- During the week of 9/4/19 staff were reeducated on Positive interventions and safe management techniques by the Resident Care Manager and an article with a quiz
- Resident Care Manager will provide monthly education on Safe Management Techniques for 3 months
- Resident Care Manager or designee will perform Safe Management Technique random audits of 5 residents in the Secured Dementia Unit a week for 3 months
- Safe Management Techniques will be added to the Quality Assurance Program for 2 quarters and monitored by the Executive Director

M. Scenna 9/9/19

9/16/19

[Signature]

202 - Prohibitions

Regulations

2600.

202. The following procedures are prohibited:

- 6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On 7/14/19, at approximately 2:00 p.m., direct care staff person A and direct care staff person B were providing incontinence care to resident #1. During this time resident #1 was lying on the bed on his left side and facing the wall. The resident let out a "blood curdling" scream. The resident's brief was removed, a new brief placed under the resident and the resident was returned to lying on his back. The resident then let out another scream at which time direct care staff person A covered the resident's mouth with her gloved hand and muffled his scream. Staff person A kept her hand over the resident's mouth for approximately 30 seconds.

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

See attached

Legal Entity Representative

Nancy Scenna
Signature

Nancy Scenna
Printed Name and Title

RA

9/9/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/16/19
(Date)

Plan of correction implementation status as of 9/16/19
(Date)

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

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

Plan of Corrections for violation of Regulation 202:

- Employee was suspended pending the investigation and terminated
- During the week of 9/4/19 staff were reeducated on Positive interventions and safe management techniques by the Resident Care Manager and an article with a quiz
- During the week of 9/4/19 staff were reeducated on what is considered a restraint and that these are prohibited
- Resident Care Manager will provide monthly education on Safe Management Techniques for 3 months
- Resident Care Manager or designee will perform Safe Management Technique random audits of 5 residents in the Secured Dementia Unit a week for 3 months
- Safe Management Techniques will be added to the Quality Assurance Program for 2 quarters and monitored by the Executive Director

M. Scenna 9/9/19

9/16/19

[Signature]