



January 22, 2020

Ms. Janet Stockhausen  
Compliance Officer  
Paramount Senior Living at Bethel Park, LLC.  
5785 Baptist Road  
Bethel Park, Pennsylvania 15102

RE: Paramount Senior Living at Bethel Park  
Certificate #: 440880

Dear Ms. Stockhausen:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 8, 2019, 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](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, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

RECEIVED

11/12/19  
Western Region Field Office  
Bureau of Human Services Licensing

### Violation Report

#### Facility Information

Name: *PARAMOUNT SENIOR LIVING AT BETHEL PARK*  
Address: *5785 BAPTIST ROAD,, BETHEL PARK, PA 15102*  
County: *ALLEGHENY*                      Region: *WESTERN*

License Number: *44088*

#### Administrator

Name: *Tony Chapla*                      Phone: *4128333500*                      Email:

#### Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC*  
Address: *5785 BAPTIST ROAD, BETHEL PARK, PA, 15102*

#### Certificate(s) of Occupancy

Type: *I-1*                      Date: *10/29/2009*                      Issued By: *Municipality of Bethel Park*

#### Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *152*                      Waking Staff: *114*

#### Inspection

Type: *Full*                      BHA Docket #:                      Notice: *Unannounced*  
Reason: *Renewal*

#### Inspection Dates and Department Representative

*08/08/2019 - On-Site: Lynn Winters, Vicki Siegert, Deb McConnell*  
*08/09/2019 - On-Site: Lynn Winters, Vicki Siegert, Deb McConnell*

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: *125*                      Residents Served: *102*

##### Secured Dementia Care Unit

In Home: *Yes*                      Area:                      Capacity: *28*                      Residents Served: *21*

##### Hospice

Current Residents: *6*

##### Number of Residents Who:

Receive Supplemental Security Income: *0*                      Are 60 Years of Age or Older: *102*  
Diagnosed with Mental Illness: *0*                      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *50*                      Have Physical Disability: *1*

*Tony Chapla 11/18/19*

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, hired 5/28/19, did not receive training in training topics specified in 2600.65a.


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 Attachment #2

See page 3A of 11

Legal Entity Representative


Executive Director  
 Signature \_\_\_\_\_ Anthony Chapla \_\_\_\_\_ 11/8/19  
 Printed Name and Title Date

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

The above plan of correction is approved as of 1/10/20 Plan of correction implementation status as of 1/10/20  
 (Date) (Date)

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

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

Plan of Correction


For

Paramount Senior Living at Bethel Park

Attachment #2

Regulation 2600.65.a.

1. All employee files will be audited by 11/22/19 for completion and documentation of required fire safety and emergency preparedness in-services. Documentation will be kept.
2. All staff that is found to not have the required fire safety and emergency preparedness in-service will be required to attend the in-services prior to working their next scheduled shift.
3. All managers will be re-educated on regulation 2600.65.a. Documentation will be kept.
4. Executive Director will audit the next 20 new hire orientation to ensure compliance with this regulation. Documentation will be kept.

Staff person A is no longer employed.  1/10/20

 11/8/19

86b - Bathroom

Regulations

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The private bathroom in bedroom #329, does not have an operable window or ventilation fan. The ventilation fan is inoperable and there is no window in the bathroom.

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 attachment # 3

See page 4A of 11

Legal Entity Representative

Anthony R. Lopez  
Signature

Executive Director  
Anthony Lopez 11/8/19  
Printed Name and Title Date

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The above plan of correction is approved as of 1/10/20  
(Date)

Plan of correction implementation status as of 1/10/20  
(Date)

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(Initials)

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Plan of Correction

For

Paramount Senior Living at Bethel Park

Attachment #3

Regulation 2600.86.b.

1. The exhaust in the bathroom in room #329 has been evaluated by the maintenance manager on August 9<sup>th</sup>. The bathrooms in this center do not have individual fans, but rather a centralized exhaust system. The exhaust piping had some debris in it that was greatly decreasing the suction in that unit. The grate to the fan was removed on August 9<sup>th</sup> by the maintenance manager and the duct was cleaned which returned the unit to normal exhaust.
2. A house wide check of all bathroom ventilation units will be completed by 1/1/19 to assure all bathrooms have adequate ventilation. All bathrooms that do not have adequate suction will have the ducts cleaned immediately until normal ventilation is achieved. Documentation will be kept.

Within 30 days of receipt of the plan of correction, and then at least monthly, a designated staff person shall inspect all bathrooms to ensure an operable, outside window or an exhaust fan is present and in good working order. Any deficiencies discovered shall immediately be repaired or replaced. Documentation of inspections shall be kept.

 1/10/20

 11/18/19

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 8/8/19 at 1:38 PM the temperature in the main kitchen's walk-in freezer was 2 degrees Fahrenheit and on 8/9/19 at 2:15 PM it was 2 degrees Fahrenheit.

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 Attachment #4

See page 5A of 11

Legal Entity Representative

Anty Paul  
Signature

Executive Director  
Anthony Chapiz  
Printed Name and Title

11/8/19  
Date

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Plan of Correction

For

Paramount Senior Living at Bethel Park

Attachment #4

Regulation 2600.103.f.

1. The dietary manager or designee will complete temperature log daily on all freezers for the next 8 weeks. Documentation will be kept.
2. Maintenance will be made aware of any temperature readings of over zero degrees. Any repairs that are required will be documented.
3. Executive Director will review temperature logs weekly for 8 weeks to ensure compliance with regulation. Documentation will be kept.

The Regional Director of Maintenance came in on August 12th and adjusted the thermostat on the freezer to be 4 degrees cooler.



1/10/20

*Larry R. White* 11/8/19

123b - Emergency Procedures Posted

Regulations

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home. They are located in binder on top of a file cabinet behind the reception desk.

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 Attachment #5

See page 6A of 11

Legal Entity Representative

Anthony R. Chzplz  
Signature

Anthony Chzplz  
Printed Name and Title

11/8/19  
Date

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Plan of Correction  
For  
Paramount Senior Living at Bethel Park  
Attachment #5

Regulation 2600.123.b.

1. On August 9<sup>th</sup>, this issue was discussed with the state surveyor. The binder was moved at that time to the outside edge of the receptionist's desk in a location that the state surveyor said was adequate.
2. All staff will be educated by 11/22/19 on the new location of the binder (documentation of the in-service will be kept).
3. The Executive Director will complete an audit once weekly for two months (12/1/19 through 2/1/19) to make sure the binder is in the proper location. Documentation will be kept.

 11/18/19

161d - Dietary Needs

Regulations

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #2's medical evaluation, dated 7/17/19, indicates he is prescribed a mechanical soft foods diet. However, on 8/8/19 at 12:10 PM, he was served a barbecue pulled pork sandwich on a 6" hoagie bun and macaroni and cheese.

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 Attachment #6

See page 7A of 11

Legal Entity Representative

Anthony Chaplin  
Signature

Executive Director  
Anthony Chaplin 11/8/19  
Printed Name and Title Date

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Plan of Correction  
For  
Paramount Senior Living at Bethel Park  
Attachment #6

Regulation 2600.161.d.

1. Upon recognition of this issue on August 9<sup>th</sup> and after a center manager's meeting where this issue was discussed, Resident #2 was ordered a Speech Therapy consult to evaluate his proper diet tolerance. After full evaluation and testing with the Speech Therapist, this resident is now on a normal diet without restriction.
2. The dietary manager will audit diet order sheet by 11/22/19 that lists all of the residents that have special needs and educate all staff on the form. Dietary manager will also assure that this form is up to date at all times.
3. All dietary staff will be educated by 11/22/19 on which foods are and are not allowed with each diet as well as signs and symptoms of aspiration and when to inform a nurse of the potential resident issues at mealtime. Documentation will be kept.
4. Dietary manager will audit at least 2 meals per day 5 days per week for 2 months to assure all residents have the proper diet. Documentation will be kept.

*W. R. R. 11/18/19*

224a - Preadmission Screen Form

Regulations

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.

Description of Violation

Resident 4's preadmission screening form, dated 1/25/19, does not include a determination that the needs of the resident can be met by the services provided by the home.

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 Attachment # 7

See page 8A of 11

Legal Entity Representative

[Signature]  
Signature

Executive Director  
Anthony Chaplin      11/8/19  
Printed Name and Title      Date

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**Plan of Correction**  
**For**  
**Paramount Senior Living at Bethel Park**  
**Attachment #7**

**Regulation 2600.224.a.**

1. Admissions manager will be educated on proper completion of the preadmission screen form by 12/1/19 (form will be signed to verify information).
2. The charts of all resident admitted this year will be audited by 12/1/19 to assure that all admission paperwork is properly completed. Documentation will be kept.
3. Executive Director will audit the next 15 admissions to ensure compliance with this regulation. Documentation will be kept.

Resident # 4's preadmission screening form was updated 8/12/19.  1/10/20

 11/18/19

227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #3's support plan, dated 12/10/18, was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

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 Attachment #8

See page 9A of 11

Legal Entity Representative

Ant RCB  
Signature

Executive Director  
Anthony Chapla 11/18/19  
Printed Name and Title Date

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- Not Implemented

Plan of Correction

For

Paramount Senior Living at Bethel Park

Attachment #8

Regulation 2600.227.h.

1. The RASP for Resident #3 was corrected on August 10, 2019.
2. All managers will be educated by 12/1/19 that if a resident is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented. Documentation will be kept.
3. Executive Director/Admissions Director will audit all charts by 12/1/19 to assure all signatures and/or notations are present. Documentation will be kept.
4. Executive Director will audit the next 15 completed RASPs to ensure compliance. Documentation will be kept.

*Anty R. [Signature]* 11/18/19

231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 5/2/19; however, there was no written cognitive preadmission screening completed for the resident.

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 Attachment #9

See page 10A of 11

Legal Entity Representative

Wing R. L.  
Signature

Executive Director  
Anthony Chapla  
Printed Name and Title

11/8/19  
Date

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(Date)

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(Initials)

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- Not Implemented

Plan of Correction  
For  
Paramount Senior Living at Bethel Park  
Attachment #9

Regulation 2600.231.c.

1. The cognitive preadmission screen for Resident #1 was completed on August 10<sup>th</sup>, 2019.
2. All managers will be educated by 12/1/19 that all residents admitted to the SDCU need to have a cognitive preadmission completed and documented on the preadmission form within 72 of admission to the SDCU. Documentation will be kept.
3. Executive Director/Admissions Director will audit all charts by 1/1/20 to assure all residents of the SDCU have a cognitive preadmission screen completed and documented on the preadmission form. Documentation will be kept.
4. The Executive Director will audit the next 5 SDCU admissions to ensure compliance. Documentation will be kept.

*Wing Rhee 11/8/19*

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 8/8/19, the directions for operating the home's locking mechanism were not conspicuously posted near the door to the SDCU.

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 Attachment # 10

See page 11A of 11

Legal Entity Representative

[Signature]  
Signature

Executive Director

Anthony Chapla  
Printed Name and Title

11/8/19  
Date

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(Date)

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(Date)

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(Initials)

- Fully Implemented
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- Not Implemented

**Plan of Correction**

**For**

**Paramount Senior Living at Bethel Park**

**Attachment #10**

**Regulation 2600.233.c.**

1. The directions for the door code on the SDCU was updated and corrected on 11/7/19.
2. All managers will be educated by 12/1/19 on the need for proper language to be used in the signs that are at the doors for the SDCU. Documentation will be kept.
3. Executive Director will verify compliance with regulation weekly for 8 weeks. Documentation will be kept.

*Way Rhl 11/8/19*