



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: December 6, 2019**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 17, 2019 and November 5, 2019 of the above facility, we have determined that your submitted plan of correction is accepted and fully implemented. Continued compliance 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

## Facility Information

**Name:** *PARAMOUNT SENIOR LIVING AT LANCASTER COUNTY*  
**Address:** *2760 MAYTOWN ROAD,, MAYTOWN, PA 17550*  
**County:** *LANCASTER*

**License Number:** *33390*

**Region:** *CENTRAL*

## Administrator

**Name:** *Lori Prevost*

**Phone:** *7174260033*

**Email:**

## Legal Entity

**Name:** *PARAMOUNT SENIOR LIVING AT MAYTOWN LLC*  
**Address:** *3025 WASHINGTON ROAD, SUITE 201, MCMURRAY, PA, 15317*

## Certificate(s) of Occupancy

**Type:** *C-2 LP*

**Date:** *11/17/1999*

**Issued By:** *Labor and Industry*

## Staffing Hours

**Resident Support Staff:** *0*

**Total Daily Staff:** *136*

**Waking Staff:** *102*

## Inspection

**Type:** *Partial*

**BHA Docket #:**

**Notice:** *Unannounced*

**Reason:** *Complaint*

## Inspection Dates and Department Representative

*10/17/2019 - On-Site: Laura Heemer*

*11/05/2019 - On-Site: Laura Heemer*

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** *116*

**Residents Served:** *93*

### Secured Dementia Care Unit

**In Home:** *Yes*

**Area:** *Memory Care*

**Capacity:** *44*

**Residents Served:** *37*

### Hospice

**Current Residents:** *1*

### Number of Residents Who:

**Receive Supplemental Security Income:** *0*

**Are 60 Years of Age or Older:** *92*

**Diagnosed with Mental Illness:** *0*

**Diagnosed with Intellectual Disability:** *2*

**Have Mobility Need:** *43*

**Have Physical Disability:** *2*

## 16c - Written Incident Report

## Regulations

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On 7/10/2019, the home received information concerning an allegation of neglect. The home did not report the allegation to the Department as required.

## 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.)

On 7/10/19, Paramount Senior Living received a phone call from the Lancaster County Office of Aging with concerns about a prior resident of our community. The Executive Director answered all of the casemanager's questions and sent proper followup information as requested to the Office of Aging. No further followup was requested by the Office of Aging. A reportable incident report should have been completed and sent to The Department of Human Services relaying the request from Office of Aging.

Going forward, all concerns or complaints of resident abuse, suspected resident abuse, or referrals of a complaint of resident abuse will be reported within 24 hours to the Department of Human Services on a reportable incident form.

Executive Director will ensure that reports are sent and communicated in a timely manner.

## Legal Entity Representative

Jodi A. Reust  
Signature

Lori A. Prevost, Executive Director 12/5/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 12/6/19 Plan of correction implementation status as of 12/6/19  
(Date) (Date)  
 Fully Implemented

The above plan of correction was approved by BAS  
(Initials)  Not Implemented

## 231b - Medical Evaluation

## Regulations

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

## Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on 6/28/2019. However, the resident's medical evaluation, dated 6/27/2019, does not document the resident's need to be served in a secure dementia care unit.

## 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.)

The DME on resident #1 was completed in a timely fashion for his move to the secure dementia unit. Under special needs in section #4, the box was not checked for secure dementia care. This was omitted in error.

A complete audit was done of all the charts in memory care to make sure that the SDCU box was checked for all current residents residing in the memory care unit. The DMEs of the current residents are in compliance.

Executive Director and the Resident Care Manager, LPN will ensure that all incoming resident's DMEs have SDCU checked for the residents in the SDCU unit.

Executive Director will continuously audit all incoming resident charts to monitor for compliance.

## Legal Entity Representative

Yona A. Prevost  
Signature

Lori A. Prevost, Executive Director 12/5/19  
Printed Name and Title Date

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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 6/28/2019. However, the resident written cognitive preadmission screening was completed on 6/29/2019.

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 #1 was admitted to the SDCU on 6/28/19. The date on the cognitive preadmission screening was incorrectly stated as 6/29/19. The pre screen was actually completed on 6/27/19 by his physician (community medical director) who visits the community every Thursday (6/27 was a Thursday). The physician wrote the wrong date.

An audit was done of all the charts in memory care to make sure that the pre screen dates were before the date of admission. The pre screen cognitive screen dates were all correct and before date of admission to the SDCU.

Resident care manager, LPN will ensure that all incoming residents pre screens are dated correctly.

Executive Director will continuously audit all incoming resident charts to monitor compliance.

Legal Entity Representative

Signature Jon A. Prevost

Printed Name and Title Jon A. Prevost Executive Director

Date 12/5/19

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