



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: tfuna@paramountsl.net
nscenna@paramountsl.net

MAILING DATE: January 31, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 21, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

12/5/2019

Western Region Field Office
Bureau of Human Services Licensing

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: *Tyler Funa* Phone: *7249691040* Email: *TFUNA@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: *I-1* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *153* Waking Staff: *115*

Inspection

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

Inspection Dates and Department Representative

11/21/2019 - On-Site: Lauren Spagna

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: *Yes* Area: *2 West* Capacity: *34* Residents Served: *24*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>91</i>
Diagnosed with Mental Illness: <i>1</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>62</i>	Have Physical Disability: <i>0</i>

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 11/16/19 at approximately 8:30pm, staff member A was arguing with resident #1 in the hallway outside of the secured dementia care unit dining room. Staff member A pulled the hem of resident #1's sweatshirt up over his arms to restrain him and pulled up on the neck of his sweatshirt to his mouth, causing his face to turn red. Staff member A wheeled resident #1 to his bedroom, slammed his door shut and could be heard yelling, "I'm not putting up with this tonight!"

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 attached




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Legal Entity Representative

 NHA PCHA
Signature


Tyler Funa, 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	12/9/19	Plan of correction implementation status as of	1/28/2020
	(Date)		(Date)
The above plan of correction was approved by		<input checked="" type="checkbox"/> Implemented	
	(Initials)	 	
		<input type="checkbox"/> Not Implemented	

Plan of Correction for violation of Regulation 42.b

- Immediately following the report of the incident on 11/16/19, the employee was suspended.
- The Director of Nursing conducted an investigation into the incident on 11/16/19. Staff were interviewed and written statements were received. The resident was unable to be interviewed secondary to severe dementia. Following the investigation, the employee was terminated on 11/21/19. All employees are in-serviced upon hire and annually on Residents Rights and Mandatory Abuse and Neglect Reporting. The employee received the in-services on 9/11/18 and 10/10/19.
- To ensure the deficient practice does not reoccur, all nursing employees will be in-serviced in the following months of December, January, and February on Abuse Reporting, Resident Rights, and Dignity and Respect. We will request attendance from the Ombudsman to attend one or more of those in-services.
- Within 45 days of receipt of the plan of correction, all staff persons will receive specialized dementia care training to include identifying resident abuse, utilizing positive interventions in a respectful manner to inhibit inappropriate behaviors and resident safety provided by a Department-approved outside source. Documentation of education shall be kept.

 NHA/PCA 12/5/19
Tyler Tuna, Executive Director