



Mailing Date: March 26, 2020

Ms. Janet Stockhausen
Compliance 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 Ms. Stockhausen:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 22, 2020 and January 23, 2020 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 that reads "Brett Swanger". The signature is written in a cursive style.

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: PARAMOUNT SENIOR LIVING AT CHAMBERSBURG ROAD
Address: 6375 CHAMBERSBURG ROAD,, FAYETTEVILLE, PA 17222
County: ADAMS **Region:** CENTRAL

License Number: 33383

Administrator

Name: Christine Gorby **Phone:** 7173522721 **Email:**

Legal Entity

Name: PARAMOUNT SENIOR LIVING AT FAYETTEVILLE LLC
Address: 3025 WASHINGTON RD, SUITE 201, MCMURRAY, PA, 15317

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 10/28/2010 **Issued By:** Sea & Land, Inc.

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 79 **Waking Staff:** 59

Inspection

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

Inspection Dates and Department Representative

01/22/2020 - On-Site: Jason McCloskey, Laura Heemer
01/23/2020 - On-Site: Jason McCloskey, Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 64

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 24 **Residents Served:** 14

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 4 **Are 60 Years of Age or Older:** 64
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 15 **Have Physical Disability:** 0

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home was unable to furnish evidence of a criminal history background check having been completed for Direct Care Staff Persons A and B.

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.)

Staff member A & B criminal checks were ran again on 1/22/20 and put into their employee file as required per Adult Protective Service Act 10225.101 and Pa. code Chapter 15.

All new hires will have their criminal background checks ran prior to starting employment. The document will be put into their file as soon as received.

HR manager was educated on reg 2600:51. The HR manager will audit all new hire personnel files monthly x 2 months beginning in Feb then quarterly for 2020 to ensure compliance.

On 2/4/2020, the original criminal background checks for the staff members were located by the home. BAS 2/5/2020

Legal Entity Representative

Christine Morbey
Signature

Christine Gorby PCHA
Printed Name and Title

2/3/20
Date

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The above plan of correction is approved as of 2/4/2020 (Date) Plan of correction implementation status as of 3/26/2020 (Date)

Implemented
 Not Implemented

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

65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home was unable to furnish evidence of completion of the Department's online direct care training course for Direct Care Staff Persons A and C, who provide unsupervised direct care on a regular basis.

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.)

Staff member A & C took the direct care giving training course, the certificate was put into their employee file as per regulation 2600 65.i.

All new hires for the PCA role will take the direct care giver training course during their orientation prior to being scheduled on the floor. The document will be put into their file as soon as course is complete.

HR manager was educated on reg 2600 65i. The HR manager will audit all new hire personnel files monthly x 2 months then quarterly for 2020 to ensure compliance.

Documentation of audits will be sent to DHS for the first two months of audits by 4/1/20

On 2/4/2020, the original completed direct care training documentation for the staff members was located by the home.
BAS 2/5/2020

Legal Entity Representative

Christine Gorby
Signature

Christine Gorby PCHA
Printed Name and Title

2-3-20
Date

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(Date) (Date)

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(Initials) Not Implemented

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Several upholstered chairs in the memory care unit were in poor condition as evidenced by areas where the brown, leather-like upholstery was damaged or missing from the armrests and seat cushions.

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 upholstered chairs in the Memory Care Unit that are in poor condition have been ordered and will be delivered within 6 weeks as per regulation 2600. 89 b.

Staff will be educated to inform administration immediately of any items that are in the home in need of repair or replacement at our staff meeting 2/20/20.

The administrator and or designee will inspect the furniture quarterly in 2020 to ensure that all surfaces are clean and in good repair.

Legal Entity Representative

Christine Gorby
Signature

Christine Gorby PCHA
Printed Name and Title

2/13/20
Date

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(Date)

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89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 11:25 am, the hot water temperature in bathroom 7 measured 126 degrees Fahrenheit. At 11:30 am, the hot water temperature in bathroom 5 measured 124 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.)

The mixing valve part to keep the hot water from exceeding 120 degrees was ordered on 1/30/20as per regulation 89b.

The maintenance manager was educated on regulation 89b.

The maintenance manager or designee will check the water temperature in room 5 and 7 in Memory Care daily and the audits will be kept by the maintenance manager until the part is replaced and then twice a week moving forward.

The documentation for the daily water temps will be provided to DHS on a weekly basis until the repair is made. According to Mann Plumbing they will be out ASAP when the part comes in, It was ordered 1/30/20.

Legal Entity Representative

Christine Corby
Signature

Christine Corby PCHA
Printed Name and Title

2-3-20
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132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's fire drills records do not accurately record the total number of residents present in the home and who participated in drills. The drill held on 12/11/2019 only documents the number of residents (16) residents in the Secured Dementia Care Unit. The record for the drill held on 11/15/2019 only documents the residents (43) in the unsecured portion of 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.)

The maintenance manager was educated when a fire drill is running, the time documented is the time from the start of the fire drill until the last resident is evacuated behind a fire safety door in both the secured and unsecured units.

The maintenance manager will audit fire drill records x 3 months beginning Feb 2020 for accuracy and compliance with Reg 2600 132c.

Copies of the February and March 2020 fire drills will be sent to DHS by 4/1/20.

Legal Entity Representative

Christine Borby
Signature

Christine Borby PCHA 2-3-20
Printed Name and Title Date

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132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On 6/28/2019, the fire safety expert established a safe evacuation time for the home as a 4 minutes. The fire drill conducted on 8/22/2019 required 4 minutes and 11 seconds to evacuate the residents and the drill completed on 12/11/2019 required 4 minutes and 10 seconds to evacuate the residents.

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.)

Educated maintenance manager and fire safety expert to regulation 2600 132.d.- the evacuation time of our residents to a fire safe area cannot supersede the amount of time that is written in our fire letter.

The fire safety expert will run a drill and write the letter of evacuation time based on this drill. The maintenance manager will audit the monthly fire drills to ensure they are compliant.

If at any time the fire drill time supersedes the time given in the fire safety letter, the drill will be ran again, if it is not satisfactory, there will be documentation provided as to why we are not meeting the written evacuation time allotted.

By 4/1/20 copies will be sent of the February and March 2020 fire drills.

Legal Entity Representative

Christine Gorby
Signature

Christine Gorby PETA
Printed Name and Title

2-3-20
Date

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183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Bedroom 117 had a 4 oz bottle of Vicks Dayquil and a 4 oz bottle of Benadryl Gel located at the resident's bedside. These medications were unsecured and accessible.

The unsecured medicine cabinet in bedroom 108 contained a prescription bottle of Triamcinolone Acetonide Lotion and a bottle of St Joseph's 81 mg aspirin tablets. These medications were unsecured and accessible.

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 medication was removed from the residents' room at the time of survey.

The staff was in-serviced on 2/3/2020 by the ED to ensure staff are aware that all prescription medication must be stored in a locked area.

The DOW will conduct audits of 6 residents' rooms weekly x 4 then monthly x 2 to ensure compliance.

Documentation of audits will be kept by the DOW.

Copies of the first 4 weeks of audits will be sent to DHS by 3/8/20.

Legal Entity Representative

Christine Gorby
Signature

Christine Gorby PCHA
Printed Name and Title

2-3-20
Date

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