



SENT VIA EMAIL: rpalladini@paramounthr.org
jstockhausen@paramounthr.org

MAILING DATE: April 7, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 19, 2020, of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is:
Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

A handwritten signature in blue ink that reads "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

17 - Record Confidentiality

Regulations

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 4:29pm, a binder containing multiple resident narcotic count sheets, which included the resident's names and prescription information, was unlocked, unattended and accessible on top of the medication cart in the 2nd floor hallway.

At 4:29pm, the computer on top of the medication cart in the 2nd floor hallway was unlocked and unattended at the CareSuite by QuickMAR homescreen, making physician orders and medication administration records (MAR's) for all residents of the home 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.)

Attachment #1

See Page 2A of 11

Legal Entity Representative

Nancy Seema
Signature

Nancy Seema Executive Director 3/12/2020
Printed Name and Title Date

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The above plan of correction is approved as of 3/16/2020 Plan of correction implementation status as of _____
(Date) (Date)

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

Attachment
#1

Plan of Correction for Regulation 2600.17

- On 2/19/2020 the all computer screens were locked, med carts locked, and narcotic count sheets were relocated within the locked med carts.
- By 3/31/2020 All Nurses and Med Techs will be educated on regulation 2600.17 including privacy of computers, med cart locking, and storage of confidential information.
- Monthly through May 2020, All Nurses and Med Techs will be educated on regulation 2600.17 including privacy of computers, med cart locking, and storage of confidential information.
- Executive Director or Resident Care Manager will perform audits of privacy of computers, med cart locking, and storage of confidential information. Audits will be performed daily for 2 weeks, three times a week for 2 weeks, weekly for 2 weeks to ensure continued compliance.

Nancy Jensen 3/12/2020

85a - Sanitary Conditions**Regulations**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #1's glucometer was used to measure resident #2's blood sugars on the following dates and times:

<u>Date</u>	<u>Time</u>	<u>Blood sugar reading</u>
* 2/15/20	11:06am	255
* 2/15/20	4:28pm	343
* 2/15/20	7:56pm	288
* 2/16/20	10:48am	295
* 2/16/20	3:44pm	275
* 2/16/20	6:38pm	201

Resident #3's glucometer was used to measure resident #4's blood sugar on the following date and time:

<u>Date</u>	<u>Time</u>	<u>Blood sugar reading</u>
* 2/17/20	4:37pm	168

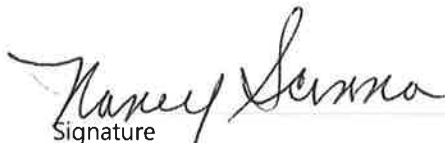
Plan of Correction (POC)

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Attachment
#2

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Legal Entity Representative


Signature

Nancy Scenna Executive Director 2/12/2020
Printed Name and Title Date

02/19/2020

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Asst chrm
#2


Plan of Corrections for Regulation 2600.85.a

- On 2/19/2020, Family and MD notified of Resident #1 and Resident #2. No new orders were noted by MD. Documentation kept
- On 2/19/2020, Resident #1 and Resident #2's glucometers were replaced. Documentation kept.
- On 2/20/2020, Resident Care Manager ensured all residents had their own glucometer in which were labeled with their name. Also, each resident's glucometer was placed in a labeled sealable bag in the med cart.
- By 3/31/2020, All Nurses and Med Techs will be educated on Regulation 2600.85.a regarding proper use of resident's individual glucometer, proper labeling, and storage of.
- Monthly through May 2020, All Nurses and Med Techs will be educated on Regulation 2600.85.a regarding proper use of resident's individual glucometer, proper labeling, and storage of.
- RCM or designee will perform audits on all glucometers ensuring individual use, proper labeling, and proper storage beginning 2/20/2020 for 2 weeks, then 3 times a week for 2 weeks, then weekly for 2 months. Documentation will be kept.

Nancy Serma 3/12/2020

85a - Sanitary Conditions *(continued)*

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The above plan of correction is approved as of	<u>3/16/2020</u> (Date)	Plan of correction implementation status as of	_____ (Date)
		<input type="checkbox"/> Implemented	
The above plan of correction was approved by	_____ (Initials)	<input type="checkbox"/> Not Implemented	

132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's most recent fire safety inspection and supervised fire drill observed by a fire safety expert was conducted on 6/19/19; however, the home's previous fire safety inspection and supervised fire drill observed by a fire safety expert was conducted on 2/6/18.

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.)

Attachment # 4

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Legal Entity Representative

Nancy Sanna
Signature

Nancy Sanna Executive Director 3/12/2020
Printed Name and Title Date

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The above plan of correction is approved as of 3/16/2020
(Date)

Plan of correction implementation status as of (Date)

The above plan of correction was approved by *NS*
(Initials)

- Implemented
- Not Implemented

Attachment
4

Plan of correction for Regulation 2600.132b

- On 3/4/20 Maintenance manager was educated on regulation 2600.132b and provided contact information of a fire safety expert. (Documentation kept)
- Maintenance Manager scheduled Annual Fire Drill/Safety Inspection with fire safety expert for June 2020 to ensure continued compliance through 2021.
- Executive Director and Maintenance Manger will remain responsible for ensuring annual fire drill and safety inspection is in compliance.

Nancy Senina 3/12/2020

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home's most recent fire drill conducted during sleeping hours was held on 9/26/19 at 11:57pm; however, the home's previous fire drill conducted during sleeping hours was held on 2/22/19 at 5:40am, which exceeded 6 months.

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.)

Attachment
#3

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Legal Entity Representative

Nancy Scenna
Signature

Nancy Scenna Executive Director 3/12/2020
Printed Name and Title Date

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The above plan of correction was approved by [Signature] Implemented Not Implemented
(Initials)

Attachment
#3

Plan of Corrections for Regulation 2600.132.e

- On 3/4/2020, Maintenance Manger was educated on Regulation 2600.132.e regarding sleeping hour fire drills. Documentation was kept.
- Maintenance Manager will conduct a sleeping hour fire drill by end of March 2020 and by end of September 2020 at a minimum. Documentation will be kept on fire drill record addendum.
- Executive Director will maintain a copy of monthly fire drill record addendum through 2020 to ensure compliance with 2600.132.e.

Nancy Senma 3/12/2020

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #5's most recent medical evaluation, dated 1/10/20, does not include the resident's weight. This section of the form is blank.

Resident #6's most recent medical evaluation, dated 4/3/19, does not include the resident's health status and cognitive functioning. These sections of the form are blank.

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.)

Attachment #5

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Legal Entity Representative

Nancy Seanna
Signature

Nancy Seanna Executive Director 3/12/2020
Printed Name and Title Date

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(Date) (Date)

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(Initials) Not Implemented

Attachment
#5

Plan of Corrections for Regulation 2600.141.b.1

- On 2/19/2020 RCM documented weight on Resident #5's DME
- On 2/19/2020 RCM documented health status and cognitive functioning on Resident #6
- On 3/4/2020 RCM was educated on Regulation 2600.141.b1 regarding Annual DME and completion of form
- Monthly RCM or designee will audit 10 annual DME's for completeness . Documentation will be kept

Nancy Scrima 3/12/2020

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

There were 14 Acetaminophen-325mg tablets belonging to resident #5 present in the home, which expired on 1/31/20.

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.)

Attachment #6

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Legal Entity Representative

Nancy Senna
Signature

Nancy Senna Executive Director 3/12/2020
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of (Date)

The above plan of correction was approved by

NS
(Initials)

- Implemented
- Not Implemented

Attach w/ bst #6

Plan of Corrections for Regulation 2600.183.d

- On 2/19/2020 RCM removed expired medication from the cart
- By 3/31/2020 all Nurses and Med Techs will be educated on Regulation 2600.183.d regarding only current prescriptions, OTC samples and CAM being kept in the cart
- Monthly through May 2020 all Nurses and Med Techs will be educated on Regulation 2600.183.d regarding medications in the cart.
- RCM or designee will audit carts weekly beginning 2/21/2020 for 4 weeks, then twice a month for 1 month, then monthly for 2 months. Documentation will be kept.

Nancy Semma 3/12/2020

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1's February 2020 MAR indicates a blood sugar reading of 219 on 2/15/20 at 9:00pm; however, there is no blood sugar reading on resident #1's glucometer for this date and time.

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.)

Attachment # 7

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Legal Entity Representative

Nancy Scenna
Signature

Nancy Scenna Executive Director 3/12/2020
Printed Name and Title Date

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The above plan of correction is approved as of 3/30/2020 Plan of correction implementation status as of _____
(Date) (Date)
The above plan of correction was approved by *NS* Implemented
(Initials) Not Implemented

Plan of Correction for Regulation 2600.185 A

1. In order to immediately correct the violation

- On 2/19/20 – Residents family and MD were notified by the Resident Care Manager for Resident #1, and Resident #2 of incorrect documentation of the resident's blood sugar readings and sharing of glucometers by staff. Documentation of notification kept by RCM. No new orders were given by MD.
- Resident #1 and Resident #2 glucometers were replaced on 2/19/20 by the Resident Care Manager at no cost to the residents.
- 2/20/20 Resident Care Manager audited all glucometers to ensure all residents had their own glucometer that were labeled with their name and placed in a labeled sealable bag in the med cart.

To ensure compliance with regulation 2600.185a:

- By 4/06/2020 The Resident Care Manager will educate all nurses and Med Techs on Reg 2600.185a regarding proper use of a resident's individual glucometers, correct times, dates and correct readings are being documented, also infection control practices of no sharing, proper labeling and storage. Documentation of the education will be kept by the Resident Care Manager
- The Resident Care Manager will re-educate all nurses and med techs in the months of April and May on Reg 2600.185a regarding Infection Control practices of not sharing glucometers, proper labeling and storage.

To ensure the violation does not reoccur:

- The Resident Care Manager/designee will audit all glucometers and Medication Mar documentation to ensure compliance with individual use of glucometers, proper labeling and storage as per Reg 2600.185a. beginning 2/20/20 for 2 weeks, then 3x week for 2 weeks, then weekly x 2 months. Documentation of audits will be kept by the Resident Care Manager.
- The Resident Care Manager or designee will audit Blood Sugar recordings for correct reading, right times, dates, correct results documented, correct glucometer beginning 4/1/20 daily Monday through Friday and Monday AM for the weekend x2 weeks, then 3x week for 2 weeks, then weekly x 2 months
- Glucometers compliance will be added to the QA program and monitored quarterly (April, July Oct 2020) for continued compliance with reg 2600.185a initiatives performed by the Executive Directors beginning in May 2020. The Executive Director is responsible for the QA program. The Executive Director will keep documentation of QA reports

Nancy Senne 3/30/2020

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #7 is prescribed Compazine 5mg-Take 1 tablet by mouth every 8 hours as needed; however, this medication is not on present on the resident's February 2020 MAR.

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.)

Attachment #8

See Page 10A of 11

Legal Entity Representative

Nancy Scenna
Signature

Nancy Scenna Executive Director 3/12/2020
Printed Name and Title Date

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The above plan of correction is approved as of 3/16/2020
(Date)

Plan of correction implementation status as of (Date)

The above plan of correction was approved by *LM*
(Initials)

- Implemented
- Not Implemented

Attachment # 8

Plan of Corrections for Regulation 2600. 187a

- On 2/20/2020 RCM verified order from MD for resident #7 for Compazine. Order on chart and in Quick Mar
- By 3/31/2020 all Nurses and Med Techs will be educated on Regulation 2600.187a regarding medication record and management
- Monthly through May 2020 all Nurses and Med Techs will be educated on Regulation 2600.187a regarding medication record
- RCM or designee performing weekly cart audits starting 2/21/2020 for 4 weeks, then twice a month for 1 month, then monthly for 2 months. Documentation will be kept

Nancy Summa 3/12/2020

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 #8's preadmission screening form, dated 1/29/20, does not include a determination that the needs of the resident can be met by the services provided by the home. This section of the form is blank.

REPEAT VIOLATION: 8/8/2019, et. al.

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.)

Attachment # 9

See Page 11A of 11

Legal Entity Representative

Nancy Scania
Signature

Nancy Scania Executive Director 3/12/2020
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by *NS*
(Initials)

Implemented
 Not Implemented

Plan of Correction for Regulation 2600.224a

1. In order to immediately correct the violation:

- On 2/19/20 As soon as the violation was noted the Admissions manager corrected the Prescreen to confirm the facility was able to meet the resident's needs.

To ensure Compliance with Reg 2600.224a

- On 3/4/20 The Admissions Manager was educated by the Executive Director on Reg 2600.224a and the need to complete all portions of the prescreen including if the facility can meet the residents needs. Documentation of the education will be kept by the Executive Director.
- In March 2020, The Admissions Manager audited all new admission prescreens for the last 6 months for completion, Documentation of the audits will be kept by the Admissions Manager

To ensure the violation does not reoccur:

- The Executive Director /designee will audit all new prescreens monthly x3 months beginning in March 2020 for compliance with Reg 2600.224a. documentation of audits will be kept by the Executive Director.
- Prescreens will be added to the QA program and monitored quarterly (April, July, Oct 2020) for compliance with Reg 2600.224a. The Executive Director is responsible for the QA program. QA reports and documentation will be kept by the Executive Director.

Immediately: The home shall develop and implement a new admission checklist for each newly-admitted resident, which includes documentation a preadmission screening has been completed in its entirety within 30 days prior to admission. Documentation of the checklist shall be kept.

EM 3/30/2020

Nancy Sumner 3/27/2020