

Department of Human Services
Bureau of Human Service Licensing

October 7, 2020

JANET STOCKHAUSEN, COMPLIANCE OFFICER
PARAMOUNT SENIOR LIVING AT FAYETTEVILLE LLC
3025 WASHINGTON RD, SUITE 201
MCMURRAY, PA 15317

RE: PARAMOUNT SENIOR LIVING AT
CHAMBERSBURG ROAD
6375 CHAMBERSBURG ROAD
FAYETTEVILLE, PA, 17222
LICENSE/COC#: 33383

Dear Ms. Stockhausen,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/21/2020 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,
Brett Swanger

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *PARAMOUNT SENIOR LIVING AT CHAMBERSBURG ROAD* License #: *33383* License Expiration Date: *04/16/2021*
 Address: *6375 CHAMBERSBURG ROAD, FAYETTEVILLE, PA 17222*
 County: *ADAMS* Region: *CENTRAL*

Administrator

Name: *Christine Gorby* Phone: *7173522721* Email: *cgorby@paramountsl.net*

Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT FAYETTEVILLE LLC*
 Address: *3025 WASHINGTON RD, SUITE 201, MCMURRAY, PA, 15317*
 Phone: *7173522721* Email: *JCOX@PARAMOUNTHR.ORG*

Certificate(s) of Occupancy

Type: *I-2* Date: *10/27/1201* Issued By: *Land and Sea Svcs, LLC*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *09/21/2020*

Inspection Dates and Department Representative

09/21/2020 - Off-Site: Brett Swanger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *52*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *24* Residents Served: *12*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *52*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

09/21/2020 - Partial

Lead Inspector: *Brett Swanger*Follow-Up Type: *POC Submission*Follow-Up Date: *10/05/2020*

10/2/2020 - POC Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *POC Submission*Follow-Up Date: *10/09/2020*

10/7/2020 - POC Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *Document Submission*Follow-Up Date: *12/11/2020*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 9/12/2020 at approximately 5:15 AM, resident #1 physically assaulted 3 other residents. resulting in injuries to Residents #2 and #3. This incident of abuse was not reported to the Area Agency on Aging in accordance with the Older Adults Protective Services Act.

Plan of Correction**Accept**

Any suspicions or reports of abuse, the facility will comply with regulations related to to reportable incident and submit a Act 13 report to the Area Agency on Aging for any abuse or suspected abuse situations that would arise.

The Personal Care Home Administrator will review and determine based on the regulation if the incident warrants a report to be filed. If indicated, The Personal Care Home Administrator and or designee will complete and submit the Act 13 report and maintain a copy per facility policy.

The Personal Care Home Administrator and or designee will ensure that with any act of abuse, that Act 13 form is filled out and submitted within the times that is regulated with regulation (2600. 15a) with Area Office on Aging.

Staff will be educated on abuse and dementia training on hire and yearly thereafter.

Incident reports will be reviewed on a weekly basis by the administrator and or designee to ensure proper reporting has occurred.

Completion Date: 10/06/2020

42b - Abuse

1. Requirements

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 9/12/2020 at approximately 5:15 AM, Resident #1 physically assaulted three other residents. As a result of this altercation, Resident #2 sustained scratches and bruising to his his right abdomen/rib area and Resident #3 sustained scratches and bruising to his face under his right eye. Resident #4 was forcefully shoved by Resident #1 but did not sustain physical injury.

42b - Abuse (continued)

Plan of Correction**Accept**

The administrator and/or designee will educate staff on regulation (2600.42.b) on hire and yearly thereafter. Staff will also be provided with dementia care training on hire and yearly.

Staff will be educated on who to report any act or suspicion of abuse to. If a resident is displaying physically aggressive behaviors, the home will implement increased supervision to protect the other residents in the home, also staff will be educated on how to attempt to redirect or diffuse an aggressive resident.

Our mandatory annual abuse training will be held in the month of November 2020.

Completion Date: 10/06/2020