

Department of Human Services  
Bureau of Human Service Licensing

May 4, 2021

[REDACTED]  
PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC  
5785 BAPTIST ROAD  
BETHEL PARK, PA 15102

RE: PARAMOUNT SENIOR LIVING AT  
BETHEL PARK  
5785 BAPTIST ROAD  
BETHEL PARK, PA, 15102  
LICENSE/COC#: 44088

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2021, 03/02/2021, 03/05/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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 BETHEL PARK      **License #:** 44088      **License Expiration Date:** 07/08/2021  
**Address:** 5785 BAPTIST ROAD, BETHEL PARK, PA 15102  
**County:** ALLEGHENY      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED]      **Email:** [REDACTED]

**Legal Entity**

**Name:** PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC  
**Address:** 5785 BAPTIST ROAD, BETHEL PARK, PA, 15102  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-1      **Date:** 10/29/2009      **Issued By:** Municipality of Bethel Park  
**Type:** I-2      **Date:** 10/29/2009      **Issued By:** Municipality of Bethel Park

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 162      **Waking Staff:** 122

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 03/05/2021

**Inspection Dates and Department Representative**

02/26/2021 - On-Site: [REDACTED]  
03/02/2021 - Off-Site: [REDACTED]  
03/05/2021 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 125      **Residents Served:** 125

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** 77      **Capacity:** 77      **Residents Served:** 77

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 63  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 37      **Have Physical Disability:** 1

## Inspections / Reviews

02/26/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/21/2021*

3/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/31/2021*

5/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 16c - Written Incident Report

### 1. Requirements

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 2/3/21 at approximately 11:00 a.m., resident #1 reported an allegation of abuse to staff member A, the home's Administrator. However, staff member A failed to report the allegation of abuse to the Department.*

### Plan of Correction

**Accept**

1. *On 3/19/21 incident report faxed to DHS and confirmation saved*
2. *On 3/16/21 Management Staff educated on Regulation 2600.16.c and 2600.15 by Executive Director. Documentation kept*
3. *By 3/26/21 staff will be educated on Regulation 2600.16.c and 2600.15 reviewing types of reportable events by Executive Director. Documentation kept*
4. *All staff will be educated monthly by Executive Director or designee on Regulation 2600.16.c and 2600.15 reviewing types of reportable events for 3 months starting April 2021. Documentation will be kept*
5. *Executive Director and Resident Care Manager review Incident Reports Daily*
5. *Starting 3/19/21 Executive Director or designee will review with designated staff person any types of reportable events that occurred that would require a Reportable Incident Report to be completed on a daily basis for 30 days, then Friday, Saturday and Sunday for 2 weeks. Documentation will be kept*
6. *Starting 3/12/21 Executive Director will review all Reportable Incident Reports to confirm documentation was sent for 3 months. Confirmation will be by email or fax confirmation sheet.*

**Completion Date:** 07/01/2021

### Document Submission

**Implemented**

*Data attached*