

Department of Human Services
Bureau of Human Service Licensing

November 17, 2022

[REDACTED]
PARAMOUNT SENIOR LIVING AT MAYTOWN LLC
[REDACTED]
[REDACTED]

RE: PARAMOUNT SENIOR LIVING AT
LANCASTER COUNTY
2760 MAYTOWN ROAD
MAYTOWN, PA, 17550
LICENSE/COC#: 33390

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2021, 05/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

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 LANCASTER COUNTY* License #: *33390* License Expiration: *08/15/2021*
Address: *2760 MAYTOWN ROAD, MAYTOWN, PA 17550*
County: *LANCASTER* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT MAYTOWN LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/17/1999* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *115* Waking Staff: *86*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *05/14/2021*

Inspection Dates and Department Representative

05/13/2021 - On-Site: [REDACTED]
05/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *116* Residents Served: *75*

Secured Dementia Care Unit

In Home: *Yes* Area: *memory care* Capacity: *44* Residents Served: *35*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *40* Have Physical Disability: *0*

Inspections / Reviews

05/13/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/21/2021*

10/18/2021 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2021

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/01/2021

11/17/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 [REDACTED]/21, an allegation of sexual abuse was made by Resident 1, however, this allegation was not reported to the Pennsylvania Department of Aging as required by the Pennsylvania Older Adults Protective Services Act.

POC Submission

Accept

The incident on [REDACTED] 21 was reported to PA Department of Aging on [REDACTED]/21. The Resident Care Manager (RCM) and Assistant Resident Care Manager (ARCM) will be re-educated on procedure of completing an Act-13 abuse report by the Executive Director (ED) by 6/30/21. To ensure on-going compliance, the ED will monitor all Act-13 abuse reporting to ensure correct procedure is followed.

Licensee's Proposed Overall Completion Date: 06/30/2021

Document Submission

Implemented ([REDACTED] - 11/17/2022)

The incident on [REDACTED]/21 was reported to PA Department of Aging on [REDACTED]/21. The Resident Care Manager (RCM) and Assistant Resident Care Manager (ARCM) will be re-educated on procedure of completing an Act-13 abuse report by the Executive Director (ED) by 6/30/21. To ensure on-going compliance, the ED will monitor all Act-13 abuse reporting to ensure correct procedure is followed

Licensee's Proposed Overall Completion Date: 10/14/2021

16c - Written Incident Report

2. 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 [REDACTED]/21 at [REDACTED] pm, an allegation of sexual abuse was made concerning Resident 1. The allegation was not reported to the Department or to the police for more than 24 hours.

POC Submission

Accept

To ensure timely compliance with this regulation, all staff will be inserviced on reportable incidents and time frame of reporting. This training will be completed by 7/15/21. A record of all training will be kept for employees. ED will monitor compliance with this regulation with the RCM and ARCM by checking all nursing notes and 24 hour reports daily to ensure reportable incidents are reported in the correct time frame.

Licensee's Proposed Overall Completion Date: 07/15/2021

Document Submission

Implemented ([REDACTED] - 11/17/2022)

To ensure timely compliance with this regulation, all staff will be inserviced on reportable incidents and time frame of reporting. This training will be completed by 7/15/21. A record of all training will be kept for employees. ED will monitor compliance with this regulation with the RCM and ARCM by checking all nursing notes and 24 hour reports daily to ensure reportable incidents are reported in the correct time frame.

Licensee's Proposed Overall Completion Date: 10/14/2021

126a - Furnace Inspection

3. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The resident rooms are heated and cooled with gas-fired package terminal air conditioner (PTAC) units. The manufacturer's instructions describe inspection steps that should be taken annually prior to turning the units on for heat. The home does not inspect the units unless there is a malfunction.

POC Submission**Accept**

Maintenance Manager to inspect PTAC units annually prior to turning the units on for heat. This will be completed by 10/1/21. The Maintenance Manager will follow the inspection checklist for each PTAC unit. Inspection checklist will be kept with Maintenance Manager logs. ED to monitor compliance with this regulation with the Maintenance Manager by ensuring that all yearly checklists are complete before 10/1 of each year.

Licensee's Proposed Overall Completion Date: 10/01/2021

Document Submission**Implemented (█ - 11/17/2022)**

Maintenance Manager to inspect PTAC units annually prior to turning the units on for heat. This will be completed by 10/1/21. The Maintenance Manager will follow the inspection checklist for each PTAC unit. Inspection checklist will be kept with Maintenance Manager logs. ED to monitor compliance with this regulation with the Maintenance Manager by ensuring that all yearly checklists are complete before 10/1 of each year.

Licensee's Proposed Overall Completion Date: 10/14/2021

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

There were two loose pills in the top drawer of the 400 hallway medication cart and one loose pill in the top drawer of the 100 hallway medication cart.

POC Submission**Accept**

All Medications carts were checked on day of survey for any loose medications to ensure that there were no further issues. Medication Techs and Nurses that pass medications will be in-serviced on storing medications in an organized manner and under proper conditions by 7/15/21. Monthly cart audits are completed by 3rd shift LPN/Medication Tech. To ensure on-going compliance, RCM and ARCM will complete weekly cart audits for 60 days. Executive Director will monitor audits. House pharmacy to supply additional cart to ensure that medications are not packed too tightly in existing medication carts. This treatment cart will be provided by 6/30/21.

Licensee's Proposed Overall Completion Date: 07/15/2021

Document Submission**Implemented (█ - 11/17/2022)**

All Medications carts were checked on day of survey for any loose medications to ensure that there were no further issues. Medication Techs and Nurses that pass medications will be in-serviced on storing medications in an

183e - Storing Medications (continued)

organized manner and under proper conditions by 7/15/21. Monthly cart audits are completed by 3rd shift LPN/Medication Tech. To ensure on-going compliance, RCM and ARCM will complete weekly cart audits for 60 days. Executive Director will monitor audits. House pharmacy to supply additional cart to ensure that medications are not packed too tightly in existing medication carts. This treatment cart will be provided by 6/30/21.

Licensee's Proposed Overall Completion Date: 10/14/2021

185a - Implement Storage Procedures**5. Requirements**

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

The Prodigy Auto Code glucometer for Resident 2 was not dated and timed correctly. On [REDACTED] at [REDACTED] am, the meter stated it was [REDACTED] at [REDACTED] pm.

POC Submission**Accept**

The date and time of the glucometer for resident #2 was corrected on day of survey. All other glucometers were audited and had the correct dates and times. To ensure compliance, all med techs and nurses will check each glucometer prior to usage to ensure correct date and time. Training to all LPNs/Medication Techs on how to check and reset date and time for glucometers will be completed on 7/15/21. Executive Director will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/15/2021

Document Submission**Implemented ([REDACTED] - 11/17/2022)**

The date and time of the glucometer for resident #2 was corrected on day of survey. All other glucometers were audited and had the correct dates and times. To ensure compliance, all med techs and nurses will check each glucometer prior to usage to ensure correct date and time. Training to all LPNs/Medication Techs on how to check and reset date and time for glucometers will be completed on 7/15/21. Executive Director will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/14/2021

233c - Key-Locking Devices**6. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism were not conspicuously posted near the courtyard gate of the Secure Dementia Care Unit (SDCU).

POC Submission**Accept**

During the inspection, the directions and codes to the Secure Dementia Care Unit (SDCU) were not present on the courtyard gate. They were present prior to that time, as the Maintenance Manager does rounds to ensure placement of above. To correct this issue, the directions and codes were immediately replaced and secured with packing tape. Maintenance Manager will continue audits for a period of 60 days to ensure ongoing compliance. Executive Director will also check for compliance.

233c - Key-Locking Devices (continued)

Licensee's Proposed Overall Completion Date: 05/13/2021

Document Submission**Implemented (GE - 11/17/2022)**

During the inspection, the directions and codes to the Secure Dementia Care Unit (SDCU) were not present on the courtyard gate. They were present prior to that time, as the Maintenance Manager does rounds to ensure placement of above. To correct this issue, the directions and codes were immediately replaced and secured with packing tape. Maintenance Manager will continue audits for a period of 60 days to ensure ongoing compliance. Executive Director will also check for compliance.

Licensee's Proposed Overall Completion Date: 10/14/2021