



Emailing date: July 13, 2021

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

RE: PARAMOUNT SENIOR LIVING AT
BETHEL PARK LLC
5785 BAPTIST ROAD
BETHEL PARK, PA 15102
LICENSE/COC#: 440880

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on 03/29/2021 and 03/30/2021, and the corrections you have made after our inspection], we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive style with a large initial "J".

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

**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: *4128333500* Email: [REDACTED]

Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC*
Address: *5785 BAPTIST ROAD, BETHEL PARK, PA, 15102*
Phone: *4128333500* Email: [REDACTED]

Certificate(s) of Occupancy

Type: <i>I-1</i>	Date: <i>10/29/2009</i>	Issued By: <i>Municipality of Bethel Park</i>
Type: <i>I-2</i>	Date: <i>10/29/2009</i>	Issued By: <i>Municipality of Bethel Park</i>
Type: <i>Other</i>	Date: <i>10/29/2009</i>	Issued By: <i>Municipality of Bethel Park</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *99* Waking Staff: *74*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *03/30/2021*

Inspection Dates and Department Representative

03/29/2021 - On-Site: [REDACTED]
03/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* Residents Served: *69*

Secured Dementia Care Unit

In Home: *Yes* Area: *3rd Floor* Capacity: *28* Residents Served: *11*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>69</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>30</i>	Have Physical Disability: <i>1</i>

Inspections / Reviews

03/29/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/03/2021*

5/18/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/25/2021*

7/8/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

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 Repeat Violation

On 3/29/2021, at 11:15 a.m., Resident #1 and 2's therapy and wellness notes were unlocked and unattended on top of a cabinet in the corner of the second floor wellness office.

Repeat Violation: 2/19/2020

Plan of Correction

Accept

On 3/29/21 violation corrected as records were secured by locking door of second floor wellness office.

On 4/1/21 Executive Director educated Management Staff regarding record confidentiality. Documentation kept Starting 4/5/21 Executive Director or designee will monitor compliance of record confidentiality daily for 14 days. Then twice a week through 6/7/21.

On 4/13/21, nursing staff were educated on record confidentiality by Executive Director or designee. Documentation was kept.

By 5/14/21 nursing staff will be educated on record confidentiality by the Executive Director or designee. Documentation will be kept.

Completion Date: 06/07/2021

Document Submission

Implemented

data entered

42s - Privacy

1. Requirements

2600.

- 42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The bathroom doors, in all resident bedrooms, are not equipped with any locking device to provide for resident privacy.

42s - Privacy (continued)

Plan of Correction**Accept**

By 5/10/21 Executive Director will educate Management Staff on privacy regarding locking mechanisms on doors to provide privacy while in bathroom. Documentation will be kept

By 5/31/21-All residents will be provided a key and education on locking a door to provide privacy while in the bathroom. Documentation will be kept

By 6/7/21-Executive Director and/or designee will confirm all residents have a locking mechanism to provide privacy while in bathroom. Documentation will be kept

Completion Date: 06/07/2021

Document Submission**Implemented**

data entered

82b - Poisonous Material Storage

1. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

On 3/29/21, at approximately 10:09 a.m., there was a bottle of No Rinse Food Contact Cleanser and Disinfectant being stored inside a cabinet underneath the sink in the dining room area. This bottle was leaning against a basket of creamer and sugar packets stored in the same cabinet.

Plan of Correction**Accept**

On 3/29/21 violation corrected by removing the basket of creamer and sugar from under the sink

On 3/30/21 Dietary Manager educated on regulation regarding proper poisonous material storage. Documentation kept

On 4/12/21 Dietary Manager educated staff regarding regulation regarding poisonous material storage. Documentation kept

By 5/14/21 Dietary Manager or designee will educate staff on regulation regarding poisonous material storage. Documentation will be kept

Starting 4/5/21, Dietary Manager or designee will monitor regulation for 14 days. Then twice a week through 6/7/21. Documentation will be kept

Completion Date: 06/07/2021

Document Submission**Implemented**

data entered

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/30/21, at approximately 10:35 a.m., a used blood glucose test strip was still inserted in resident #3's glucometer.

85a - Sanitary Conditions *(continued)***Plan of Correction****Accept**

On 3/30/21 violation regarding sanitary conditions was corrected immediately by removal of the test strip

On 4/13/21 Executive Director educated nursing staff regarding sanitary conditions and test strip removal.

Documentation kept

By 5/14/21 Resident Care Manager or designee will educate nursing staff regarding regulation. Documentation will be kept

Starting 4/5/21 Executive Director or designee will observe sanitary conditions during use of glucometer twice weekly through 6/7/21. Documentation kept

Completion Date: 06/07/2021

Document Submission**Implemented**

data entered

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in Resident #3's room.

Plan of Correction**Accept**

On 3/30/21 violation corrected by placing emergency phone numbers in resident #3's room.

On 4/1/21 Executive Director educated management staff on regulation regarding emergency telephone numbers.

Documentation kept

On 4/13/21 Executive Director educated nursing staff on regulation regarding emergency phone numbers.

Documentation kept

On 4/14/21 Executive Director audited all resident rooms for emergency numbers. Documentation kept

Starting 4/26/21 Housekeeping Manager or designee will audit all rooms weekly for 4 weeks to assure emergency phone numbers are present on or by all phones with an outside line. Documentation will be kept

Completion Date: 06/07/2021

Document Submission**Implemented**

data entered

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3 does not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp *(continued)***Plan of Correction****Accept**

On 3/30/21 violation corrected by lamp being placed at the bedside of resident #3

On 4/1/21 Executive Director educated management staff regarding regulation. Documentation kept

On 4/13/21 Executive Director educated nursing staff on regulation regarding presence of operable lamp or other source that can be turned on at bedside. Documentation kept

On 4/14/21 Executive Director audited all occupied resident rooms for compliance with regulation. Documentation kept

Starting 4/26/21 Maintenance Manager or designee will audit all occupied rooms presence of operable lamp or other source that can be turned on at bedside weekly for 4 weeks, then new admission rooms for the next 5 admissions. Documentation kept

Completion Date: 06/07/2021

Document Submission**Implemented**

data entered

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 10:06 a.m., the following food items were stored opened and unsealed in the walk-in freezer:

- a box of egg rolls*
- a box of hot dogs*
- a box of stuffed shells*
- a box of chuck burgers*

Plan of Correction**Accept**

On 3/29/21 violation corrected by appropriately closing the opened containers

On 4/1/21 Executive Director educated management staff regarding storage of food regulation. Documentation kept

On 4/12/21 Dietary Manager educated dietary staff regarding storing food regulation. Documentation kept

By 5/14/21 Dietary Manager will educate dietary staff regarding storing food regulation. Documentation will be kept

Starting 4/5/21 Dietary Manager or designee will audit storage of food in closed or sealed containers daily for 14 days, then twice until 6/7/21. Documentation will be kept

Completion Date: 06/07/2021

Document Submission**Implemented**

data entered

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

141b1 - Annual Medical Evaluation (*continued*)**Description of Repeat Violation**

Resident #4's most recent medical evaluation was completed on 10/6/2020. The resident's previous medical evaluation was completed on 9/3/2019.

Repeat Violation: 2/19/2020

Plan of Correction**Accept**

On 4/1/21 Resident Care Manager and Assistant Resident Care Manager educated on regulation by Executive Director. Documentation kept.

By 4/16/21 Executive Director and/or designee audited all charts for timeliness of annual medical evaluations. Documentation kept

By 5/10/21 Executive Director and/or designee will audit all charts for timeliness of annual medical evaluations. Documentation will be kept

By 6/7/21 Executive Director and/or designee audited all charts for timeliness of annual medical evaluations. Documentation will be kept

Completion Date: 06/07/2021

Document Submission**Implemented**

data entered

185a - Implement Storage Procedures

1. 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 Repeat Violation

On 3/30/21, resident #4's prodigy auto code glucometer only had one recorded blood sugar reading in its memory. The home has a written policy, dated 2/24/2020, directing staff to record the blood glucose reading on each resident's medication administration record, then delete the glucometer history every 24 hours.

Repeat Violation: 2/19/2020

Plan of Correction**Accept**

By 5/11/21 Executive Director or designee will educate Medication passers to save blood glucose readings on individual resident's glucometer. Documentation will be kept

By 5/31/21 nursing staff will be educated to save blood glucose readings on individual resident's glucometer. Documentation will be kept

Starting 5/7/21 Executive Director or designee will audit at least 1 glucometer on each med cart that has a glucometer present daily for 14 days. Then twice a week until 6/7/21 to verify blood glucose reading availability on individual resident's glucometer. Documentation will be kept

Completion Date: 06/07/2021

Document Submission**Implemented**

data entered