

Department of Human Services
Bureau of Human Service Licensing

January 3, 2022

[REDACTED], EXECUTIVE DIRECTOR
PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC
[REDACTED]

RE: PARAMOUNT SENIOR LIVING AT
PETERS TOWNSHIP
240 CEDAR HILL DRIVE
MCMURRAY, PA, 15317
LICENSE/COCC#: 44346

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/28/2021, 09/29/2021, 09/30/2021, 10/01/2021 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

December 2, 2021

[REDACTED], EXECUTIVE DIRECTOR
[REDACTED]

RE: PARAMOUNT SENIOR LIVING AT
PETERS TOWNSHIP
240 CEDAR HILL DRIVE
MCMURRAY, PA, 15317
LICENSE/COC#: 44346

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/28/2021, 09/29/2021, 09/30/2021, 10/01/2021 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,
[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

Facility Information

Name: *PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP* License #: *44346* License Expiration: *03/14/2022*
Address: *240 CEDAR HILL DRIVE, MCMURRAY, PA 15317*
County: *WASHINGTON* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC*
[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *11/16/2011* Issued By: *Peters Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *113* Waking Staff: *85*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *10/01/2021*

Inspection Dates and Department Representative

09/28/2021 - On-Site: [REDACTED]

09/29/2021 - On-Site: [REDACTED]

09/30/2021 - On-Site: [REDACTED]

10/01/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* Residents Served: *69*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *34* Residents Served: *14*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *68*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *44* Have Physical Disability: *3*

Inspection Dates and Department Representative (*continued*)

Inspections / Reviews

09/28/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/08/2021*

12/02/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/07/2021*

01/03/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 9/30/21, at 11:50 a.m., the automatic sliding glass door for the first floor emergency exit did not open to the outside.

Plan of Correction

Accept

On 9/30/21 first floor automatic sliding door violation was corrected by turning the automatic censor on the door. By 12/8/21 Maintenance Director will confirm all egress routes are unobstructed. Documentation kept. By 12/10/21 All department managers will be educated on regulation of unobstructed egress routes. Documentation kept. Starting 12/8/21 Executive Director will audit egress routes are unobstructed twice weekly x 4 weeks. Documentation kept. By 12/20/21 all staff will be educated on unobstructed egress routes. Documentation kept.

Completion Date: 12/30/2021

Document Submission

Implemented

See attached

Completion Date: 12/30/2021

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 9/28/21, at approximately 11:03 a.m., resident #1's, prescription [REDACTED], was unlocked and accessible on the resident's nightstand.

Plan of Correction

Accept

On 9/29/21 violation was corrected by removing prescription skin protectant from residents night stand. Starting 11/29/21 RCM will audit 10 room per day x 14 days then 10 room weekly x 2 weeks. Documentation kept. By 12/30/21 all nursing staff will be educated on regulation for proper storage of medications/prescriptions/creams/oointments. Documentation kept.

Completion Date: 12/30/2021

Document Submission

Implemented

See attached

Completion Date: 12/30/2021

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

225c - Additional Assessment (*continued*)**Description of Violation**

*The assessment dated 1/20/21 for resident #2 is blank in the following areas under Cognitive and Behavioral Needs:
Understanding Instructions
Short-Term Memory
Long-Term Memory.*

Plan of Correction**Accept**

On 9/29/21 violation was corrected by adding the cognitive and behavioral needs to the resident. By 12/8/21 RCM will audit all chart for completion of RASP. Documentation kept. Starting 12/8/21 ED will audit 10 rasps per week x 4 weeks for completion and then audit the next 5 new admission RASP for completion. Documentation kept. RCM and RCC will be educated on proper completion of RASP. Documentation kept.

Completion Date: 12/30/2021

Document Submission**Implemented**

See attached

Completion Date: 12/30/2021

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the secured dementia care unit on [REDACTED]; however, a written cognitive preadmission screening was not completed.

Plan of Correction**Accept**

On 9/28/21 the violation was corrected by completing the preadmission screening. By 12/8/21 Admission Director will audit all charts for accuracy/completion of preadmission screen. Documentation kept. Starting 12/8/21 ED will audit 10 preadmission screens weekly x 4 weeks and then audit the next 5 new admission preadmission screens. Documentation kept.

Completion Date: 12/30/2021

Document Submission**Implemented**

See attached

Completion Date: 12/30/2021