

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: *07/13/2022*  
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-2</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: *109* Waking Staff: *82*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *12/17/2021*

**Inspection Dates and Department Representative**

*12/17/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *125* Residents Served: *71*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *3rd floor* Capacity: *22* Residents Served: *19*

**Hospice**

Current Residents: *6*

**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>38</i>	Have Physical Disability: <i>0</i>

**Inspections / Reviews**

**12/17/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/13/2022*

**Inspection Dates and Department Representative (*continued*)**

01/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/14/2022*

01/20/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42c - Treatment of Residents

## 1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

On 12/13/2021, resident #1 reported to the Resident Care Manager that staff person A, care aide, was very rough with [REDACTED] during afternoon care the day before and that the aide was cussing and said "I'm not in the mood for your bullshit." Resident #2 also told the Resident Care Manager that staff person A was very rough with [REDACTED], and when [REDACTED] asked the aide to be more gentle and not so rough the aide ignored [REDACTED] and cussed at him.

**Plan of Correction****Accept**

1. Executive Director immediately suspended employee identified in report.
2. Employee terminated on 12/15/21 following investigation.
3. Executive Director or designee will educate nursing staff on Dignity and Respect by 1/14/22. Documentation will be kept
4. By 1/29/22 Executive Director or designee will educate rest of staff regarding Dignity and Respect.
5. By 2/28/22 all staff will be reeducated on Dignity and Respect by Executive Director or designee. Documentation will be kept.
6. Starting week of 1/10/22 ED or designee will interview 8 residents/week for 4 weeks to assure they are being treated with dignity and respect.

**Document Submission****Implemented**

Attached documents