

Department of Human Services
Bureau of Human Service Licensing

October 12, 2022

[REDACTED]
PARAMOUNT SENIOR LIVING AT FAYETTEVILLE LLC
3025 WASHINGTON RD, SUITE 201
MCMURRAY, PA, 15317

RE: PARAMOUNT SENIOR LIVING AT
CHAMBERSBURG ROAD
6375 CHAMBERSBURG ROAD
FAYETTEVILLE, PA, 17222
LICENSE/COC#: 33383

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/23/2022, 03/24/2022 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 CHAMBERSBURG ROAD* License #: *33383* License Expiration: *03/23/2022*
Address: *6375 CHAMBERSBURG ROAD, FAYETTEVILLE, PA 17222*
County: *ADAMS* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT FAYETTEVILLE LLC*
Address: *3025 WASHINGTON RD, SUITE 201, MCMURRAY, PA, 15317*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *10/28/2010* Issued By: *Franklin Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *03/24/2022*

Inspection Dates and Department Representative

03/23/2022 - On-Site: [REDACTED]
03/24/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *37*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *37*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *4* Have Physical Disability: *2*

Inspections / Reviews

03/23/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/30/2022*

Inspections / Reviews (*continued*)

09/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/28/2022*

09/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/04/2022*

10/12/2022 - Document Submission

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

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Staff Member A's orientation checklist record does include the initials or signature of the individual who provided the training.

Plan of Correction

Accept

Staff member A was interviewed by the surveyor and confirmed she received the new hire orientation training by the HR Manager and Maintenance Trainer. ARM and or PC Administrator audited all new hire orientation training checklists from January 2022 through March 24th. The new Human Resource Manager was educated on the requirement of 65I for initials/signature of trainee on 4/29/22. Personal Care Administrator will include audits of all new hire orientation training check lists April through June and report out to the quarterly QAPI meeting reporting further auditing will be determined.

Completion Date: 04/29/2022

Document Submission

Implemented

Staff member A was interviewed by the surveyor and confirmed she received the new hire orientation training by the HR Manager and Maintenance Trainer. ARM and or PC Administrator audited all new hire orientation training checklists from January 2022 through March 24th. The new Human Resource Manager was educated on the requirement of 65I for initials/signature of trainee on 4/29/22. Personal Care Administrator will include audits of all new hire orientation training check lists April through June and report out to the quarterly QAPI meeting reporting further auditing will be determined.

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 03/23/22, there was a full, uncovered trash can in the kitchen.

Plan of Correction

Accept

Maintenance Supervisor immediately removed the uncovered bus trash can from the kitchen. The Dietary Manager immediately ordered a new covered trash receptacle that arrived on April 4, 2022 and placed in kitchen upon delivery. The new covered trash receptacle RCM will complete a monthly facility walkthrough ensuring all trash cans have lids to comply with 85.d. Personal Care Administrator will report out results of monthly audit in the quarterly QAPI and determine if further auditing is required.

Completion Date: 09/27/2022

Document Submission

Implemented

Maintenance Supervisor immediately removed the uncovered bus trash can from the kitchen. The Dietary Manager immediately ordered a new covered trash receptacle that arrived on April 4, 2022 and placed in kitchen upon delivery. The new covered trash receptacle RCM will complete a monthly facility walkthrough ensuring all trash

85d - Trash Receptacles (continued)

cans have lids to comply with 85.d. Personal Care Administrator will report out results of monthly audit in the quarterly QAPI and determine if further auditing is required.

87 - Lighting**1. Requirements**

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 03/23/22, the following doors located in the hallway adjacent to Bedroom [REDACTED], and in the dining room, have timed delay devices but there are no directions for the operation of these devices.

Plan of Correction**Accept**

Maintenance Supervisor was notified immediately by Personal Care Administrator of this finding and signage was ordered and installed on the doors identified above upon delivery. The instruction signs on how to exit the time delayed doors were installed on March 28, 2022. The Maintenance Supervisor or designee will monitor the exit doors monthly to ensure emergency instruction signs remain in place. The exit doors audit will be turned into the Personal Care Administrator monthly and reviewed at the quarterly QAPI meeting.

Completion Date: 09/27/2022

Document Submission**Implemented**

Maintenance Supervisor was notified immediately by Personal Care Administrator of this finding and signage was ordered and installed on the doors identified above upon delivery. The instruction signs on how to exit the time delayed doors were installed on March 28, 2022. The Maintenance Supervisor or designee will monitor the exit doors monthly to ensure emergency instruction signs remain in place. The exit doors audit will be turned into the Personal Care Administrator monthly and reviewed at the quarterly QAPI meeting.

107d - Procedure Emergency Management Agency Submission**1. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home does not have documentation of annual emergency plan reviews that include the date of each review, any updates and verification of annual submission to the local emergency management agency.

Plan of Correction**Accept**

The annual emergency plan was reviewed with no changes and approved at the Quarterly QAPI meeting on April 27, 2022. A copy of the signature emergency plan review was placed in the Disaster & Emergency binder. The Disaster & Emergency Plan was immediately sent electronically to local emergency management agency on 3/24/22. The agency replied back by email confirming they received the plan. Any updates to the plan will be emailed to the Adams County EMA. PC Administrator will be responsible for sending any changes or updates to the Disaster & Emergency plan.

Completion Date: 04/27/2022

107d - Procedure Emergency Management Agency Submission (continued)

Document Submission

Implemented

The annual emergency plan was reviewed with no changes and approved at the Quarterly QAPI meeting on April 27, 2022. A copy of the signature emergency plan review was placed in the Disaster & Emergency binder. The Disaster & Emergency Plan was immediately sent electronically to local emergency management agency on 3/24/22. The agency replied back by email confirming they received the plan. Any updates to the plan will be emailed to the Adams County EMA. PC Administrator will be responsible for sending any changes or updates to the Disaster & Emergency plan.

127a - Portable Space Heaters

1. Requirements

- 2600.
- 127.a. Portable space heaters are prohibited.

Description of Violation

On 03/23/22, a small, black portable space heater was in use by the receptionist desk.

Plan of Correction

Accept

The portable space heater was removed immediately to the employees car. Personal Care Administrator verbally educated employee that utilizing portable space heaters is a violation of state regulations. Personal Care Administrator did a facility walkthrough to ensure no other personal space heaters were found on 3/23/22. A monthly facility walkthrough to ensure no portable space heaters are in the facility will be conducted by the Personal Care Administrator and reported out at the quarterly QAPI meeting and will determine if further monitoring is required.

Completion Date: 03/23/2022

Document Submission

Implemented

The portable space heater was removed immediately to the employees car. Personal Care Administrator verbally educated employee that utilizing portable space heaters is a violation of state regulations. Personal Care Administrator did a facility walkthrough to ensure no other personal space heaters were found on 3/23/22. A monthly facility walkthrough to ensure no portable space heaters are in the facility will be conducted by the Personal Care Administrator and reported out at the quarterly QAPI meeting and will determine if further monitoring is required.

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 Violation

During the month of March, 2022, Resident 1's [REDACTED] and Medication Administration Record (MAR) documentation were as follows:

[REDACTED]

185a - Implement Storage Procedures (continued)

In addition, on 02/2, the home's house contained [REDACTED]. The readings on the house [REDACTED] were unable to be matched with resident(s). The home does not have a procedure to assign the house [REDACTED] to a specific resident after use.

Plan of Correction**Accept**

Resident Care Manager immediately removed the [REDACTED] from the cart. Resident Care Manger contacted Pharmacy requesting that stock [REDACTED] be sent to the facility and made available to [REDACTED] upon failure of their current personal [REDACTED]. Resident Care Manager provided an in-service to all Med Techs and LPN's regarding the new process for signing out stock [REDACTED] upon failure of residents personal [REDACTED]. Resident Care Manager instructed Med Tech to complete a late nurse note for [REDACTED] to comply with documentation. Night LPN Charge Nurse will continue to audit resident [REDACTED] to insure that nursing staff is accurately utilizing and recording the appropriate [REDACTED]. ARCM will insure compliance of audits on a weekly basis beginning April 1, 2022. PC Administrator will report results of audits out at the Quarterly QAPI meeting and determine if further auditing is required.

Completion Date: 04/29/2022

Document Submission**Implemented**

Resident Care Manager immediately removed the [REDACTED] from the cart. Resident Care Manger contacted Pharmacy requesting that [REDACTED] be sent to the facility and made available to [REDACTED] residents upon failure of their current personal [REDACTED]. Resident Care Manager provided an in-service to all Med Techs and LPN's regarding the new process for signing out stock [REDACTED] upon failure of residents personal [REDACTED]. Resident Care Manager instructed Med Tech to complete a late nurse note for [REDACTED] to comply with documentation. Night LPN Charge Nurse will continue to audit resident [REDACTED] to insure that nursing staff is accurately utilizing and recording the appropriate [REDACTED]. ARCM will insure compliance of audits on a weekly basis beginning April 1, 2022. PC Administrator will report results of audits out at the Quarterly QAPI meeting and determine if further auditing is required.