

Department of Human Services  
Bureau of Human Service Licensing

May 31, 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 05/10/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Genevieve Rich-Turenne

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 LANCASTER COUNTY* License #: *33390* License Expiration: *08/15/2022*  
Address: *2760 MAYTOWN ROAD, MAYTOWN, PA 17550*  
County: *LANCASTER* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: *7174260033* Email: [REDACTED]

**Legal Entity**

Name: *PARAMOUNT SENIOR LIVING AT MAYTOWN LLC*  
Address: *3025 WASHINGTON ROAD, SUITE 201, MCMURRAY, PA, 15317*  
Phone: *7174260033* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *121* Waking Staff: *91*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: *0*  
Reason: *Complaint* Exit Conference Date: *05/10/2022*

**Inspection Dates and Department Representative**

*05/10/2022 - 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: *SDCU* Capacity: *44* Residents Served: *35*

**Hospice**

Current Residents: *12*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *46* Have Physical Disability: *1*

**Inspections / Reviews**

**05/10/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/26/2022*

**05/23/2022 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/31/2022*

Inspections / Reviews *(continued)*

05/31/2022 - Document Submission

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

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On 05/11/22, a Hoyer lift was observed in Resident's 1 bedroom. Resident 1's support plans, dated [redacted] and [redacted] 1, do not address the need for this device.

On 05/10/22, an enabler bar was observed on Resident 2's bed. The resident's support plan, dated [redacted] does not address the need for the device,

Plan of Correction

Accept

Resident Care Manager (RCM), LPN added the hoyer lift to Resident 1's RASP dated [redacted]. The resident started to use the hoyer lift on 12/2/21, so it was added to the RASP addendum. RCM also added the bed enabler bar to Resident 2's [redacted] 1 RASP on the addendum.

An audit of all resident's RASPs was completed on 05/16/22 by Resident Care Manager (RCM), LPN and the Executive Director (ED) to ensure that all residents that use a hoyer lift, enabler bar, or any other assistive equipment was added to their RASP.

Going forward, all resident's RASPs will include any equipment that is used for the resident. RCM and Executive Director will ensure compliance with regular auditing occurring every other week of the RASPs. Results of audits will be discussed at next quality management to be held on July 19 2022.

Completion Date: 05/16/2022

Document Submission

Implemented

All steps have been completed

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1 participated in the development of his/her support plan on [redacted] and [redacted]. However, the resident did not sign the support plan.

Resident 2 participated in the development of his/her support plan on [redacted] 1. However, the resident did not sign the support plan.

Plan of Correction

Accept

Resident 1 was unable to sign the RASP on [redacted] and [redacted]. The box was checked for "unable to sign" for both RASPs. Resident 2's RASP was reviewed again with him and signed by the resident.

**227g -Support Plan Signatures (continued)**

*An audit of all RASPs was completed 05/17/22 by the Resident Care Manager (RCM), LPN and the Executive Director (ED). All RASPs that were not signed by the participants (residents) were reviewed by the resident and signed. If resident was not able to sign, the box marked "unable to sign" was checked.*

*To ensure ongoing compliance with this regulation, all RASPs will be reviewed and signed by all of the participants in the development of the RASP when they are completed. The RCM and the ED will do monthly audits of all RASPs to ensure compliance. Results of the audits will be discussed at the next quarterly management meeting to be held on July 19, 2022.*

**Completion Date:** 05/17/2022

**Document Submission**

***Implemented***

*All steps have been completed*