

Department of Human Services  
Bureau of Human Service Licensing

October 25, 2022

[REDACTED], COMPLIANCE NURSE  
[REDACTED]  
[REDACTED]

RE: PARAMOUNT SENIOR LIVING AT  
STONEBROOK  
6361 CHAMBERSBURG ROAD  
FAYETTEVILLE, PA, 17222  
LICENSE/COC#: 33384

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/28/2022 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 STONEBROOK* License #: *33384* License Expiration: *04/09/2023*  
Address: *6361 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: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *01/12/2017* Issued By: *Franklin Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *09/28/2022*

**Inspection Dates and Department Representative**

09/28/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *44* Residents Served: *16*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *16*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**09/28/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/15/2022*

**10/21/2022 - POC Submission**

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *10/28/2022*

10/25/2022 - 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

*The home could not produce training records for Staff Member A, who completed the requirements for 2600.65a and 2600.65b; the orientation in general fire safety and emergency preparedness for the 1st day, and the training during the first 40 hours in Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect under OAPSA and Reportable incidents.*

## Plan of Correction

Accept

*Administrator spoke with staff member A and she confirmed she received the new hire orientation training by the HR Manager and Maintenance Trainer. PC Administrator and the ARM audited all new hire orientation training checklists from July 2022 through September 2022 and report out to the quarterly QAPI. Staff A's annual training was placed in [REDACTED] personal file. Administrator and or ARM will continue to audit new hire orientation checklist for completion for October and November 2022 and report to quarterly QAPI.*

**Completion Date:** 10/17/2022

## Document Submission

Implemented

*Administrator spoke with staff member A and she confirmed she received the new hire orientation training by the HR Manager and Maintenance Trainer. PC Administrator and the ARM audited all new hire orientation training checklists from July 2022 through September 2022 and report out to the quarterly QAPI. Staff A's annual training was placed in [REDACTED] personal file. Administrator and or ARM will continue to audit new hire orientation checklist for completion for October and November 2022 and report to quarterly QAPI.*

## 85a - Sanitary Conditions

## 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

## Description of Violation

*On 09/16/2022, Resident 2's glucometer was used to check the blood sugar levels of Resident 1.*

## Plan of Correction

Accept

*The Director of Wellness will audit on a weekly basis, starting 10/1/22, that each glucometer is calibrated with the correct date and time, labeled with the correct resident's name, as well as checking that blood sugar readings in the glucometer are accurate the with EMAR using an audit form for six weeks. The results of the audit will be reported at the quarterly QAPI meeting. On 10/1/22, all glucometers were calibrated with the correct date and the correct time and also new labels with resident's names were applied to the glucometers. On 10/1/22, all Med Techs and LPNs were given a written in-service by the DOW on ensuring that they must maintain 100% accuracy when checking and recording blood sugars. Each staff person is to check the glucometer x3 to ensure they have the correct glucometer for the correct resident. If staff accidentally document a wrong blood sugar, staff must go back in to the EMAR to correct that, and/or write a nurse note with the correct blood sugar. Each Med Tech and LPN was met with individually by the DOW to ensure they understood the compliance process. DOW will continue this process with all newly hired Med Techs, as well as LPNs during their orientation period to the med cart. DOW will also complete ongoing in-services on a yearly basis.*

85a - Sanitary Conditions (continued)

Edited: SK-

The Director of Wellness will audit on a weekly basis, starting 10/1/22, that each glucometer is calibrated with the correct date and time, labeled with the correct resident's name, as well as checking that blood sugar readings in the glucometer are accurate the with EMAR using an audit form for six weeks. The results of the audit will be reported at the quarterly QAPI meeting. On 10/1/22, all glucometers were calibrated with the correct date and the correct time and also new labels with resident's names were applied to the glucometers. On 10/1/22, all Med Techs and LPNs were given a written in-service by the DOW on ensuring that they must maintain 100% accuracy when checking and recording blood sugars. Each staff person is to check the glucometer x3 to ensure they have the correct glucometer for the correct resident. If staff accidently document a wrong blood sugar, staff must go back in to the EMAR to correct that, and/or write a nurse note with the correct blood sugar. Each Med Tech and LPN was met with individually by the DOW to ensure they understood the compliance process. DOW will continue this process with all newly hired Med Techs, as well as LPNs during their orientation period to the med cart. DOW will also complete ongoing in-services on a yearly basis. Furthermore, DOW will contact designated person for each resident to inform of the glucometer mix up as well as the physician for each resident. These contacts will be done on 10/21/2022.

Completion Date: 10/17/2022

Document Submission

Implemented

The Director of Wellness will audit on a weekly basis, starting 10/1/22, that each glucometer is calibrated with the correct date and time, labeled with the correct resident's name, as well as checking that blood sugar readings in the glucometer are accurate the with EMAR using an audit form for six weeks. The results of the audit will be reported at the quarterly QAPI meeting. On 10/1/22, all glucometers were calibrated with the correct date and the correct time and also new labels with resident's names were applied to the glucometers. On 10/1/22, all Med Techs and LPNs were given a written in-service by the DOW on ensuring that they must maintain 100% accuracy when checking and recording blood sugars. Each staff person is to check the glucometer x3 to ensure they have the correct glucometer for the correct resident. If staff accidently document a wrong blood sugar, staff must go back in to the EMAR to correct that, and/or write a nurse note with the correct blood sugar. Each Med Tech and LPN was met with individually by the DOW to ensure they understood the compliance process. DOW will continue this process with all newly hired Med Techs, as well as LPNs during their orientation period to the med cart. DOW will also complete ongoing in-services on a yearly basis.

Edited: [REDACTED]-

The Director of Wellness will audit on a weekly basis, starting 10/1/22, that each glucometer is calibrated with the correct date and time, labeled with the correct resident's name, as well as checking that blood sugar readings in the glucometer are accurate the with EMAR using an audit form for six weeks. The results of the audit will be reported at the quarterly QAPI meeting. On 10/1/22, all glucometers were calibrated with the correct date and the correct time and also new labels with resident's names were applied to the glucometers. On 10/1/22, all Med Techs and LPNs were given a written in-service by the DOW on ensuring that they must maintain 100% accuracy when checking and recording blood sugars. Each staff person is to check the glucometer x3 to ensure they have the correct glucometer for the correct resident. If staff accidently document a wrong blood sugar, staff must go back in to the EMAR to correct that, and/or write a nurse note with the correct blood sugar. Each Med Tech and LPN was met with individually by the DOW to ensure they understood the compliance process. DOW will continue this process with all newly hired Med Techs, as well as LPNs during their orientation period to the med cart. DOW will also complete ongoing in-services on a yearly basis. Furthermore, DOW will contact designated person for each resident to inform of the glucometer mix up as well as the physician for each resident. These contacts will be done on 10/21/2022.

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the drills conducted in June, July and September of 2022 do not include evacuation times, but were labeled as "N/A."

Plan of Correction

Accept

Fire drill record will be completed with evacuation time that it took for the fire drill to be conducted. Director of Maintenance received an education on completing all the required monthly components of the fire drill reports. Monthly fire drill audits will be completed by the PC Administrator for the next 3 months and results will be reviewed at QAPI.

Completion Date: 10/17/2022

Document Submission

Implemented

Fire drill record will be completed with evacuation time that it took for the fire drill to be conducted. Director of Maintenance received an education on completing all the required monthly components of the fire drill reports. Monthly fire drill audits will be completed by the PC Administrator for the next 3 months and results will be reviewed at QAPI.

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

The glucometer for Resident 2 has not been calibrated with the correct date and time. On 09/28/2022, the glucometer recorded a date of 4/25/2022.

Plan of Correction

Accept

The Director of Wellness shall ensure on a weekly basis, starting 10/1/22, that each glucometer is calibrated with the correct date and time by using an audit form for six weeks. Results of the audit will be reported at the quarterly QAPI meeting. On 10/1/22, all glucometers were calibrated by the DOW with the correct date and the correct time, and also new labels with resident's names were applied to the glucometers and their cases. On 10/1/22, all Med Techs and LPNs were given a written in-service by the DOW on ensuring that they must confirm that the glucometers have the correct date, time and correct resident name. Each Med Tech and LPN was met with individually by the DOW to ensure they understood the compliance process. DOW will continue this process with all newly hired Med Techs, as well as LPNs during their orientation period to the med cart. DOW will also complete ongoing in-services on a yearly basis.

Completion Date: 10/17/2022

Document Submission

Implemented

The Director of Wellness shall ensure on a weekly basis, starting 10/1/22, that each glucometer is calibrated with

**185a - Implement Storage Procedures (continued)**

*the correct date and time by using an audit form for six weeks. Results of the audit will be reported at the quarterly QAPI meeting. On 10/1/22, all glucometers were calibrated by the DOW with the correct date and the correct time, and also new labels with resident's names were applied to the glucometers and their cases. On 10/1/22, all Med Techs and LPNs were given a written in-service by the DOW on ensuring that they must confirm that the glucometers have the correct date, time and correct resident name. Each Med Tech and LPN was met with individually by the DOW to ensure they understood the compliance process. DOW will continue this process with all newly hired Med Techs, as well as LPNs during their orientation period to the med cart. DOW will also complete ongoing in-services on a yearly basis.*