Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

January 13, 2023

[redacted], ADMINISTRATOR
PARAMOUNT SENIOR LIVING AT MAYTOWN LLC
2760 MAYTOWN ROAD
MAYTOWN, PA, 17550

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 12/06/2022, 12/07/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PARAMOUNT SENIOR LIVING AT LANCASTER COUNTY* **License #**: *33390* **License Expiration**: *08/15/2023*

Address: *2760 MAYTOWN ROAD, MAYTOWN, PA 17550*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT MAYTOWN LLC*

Address: *2760 MAYTOWN ROAD, MAYTOWN, PA, 17550*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *11/17/1999* **Issued By**: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *85* **Waking Staff**: *64*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *12/07/2022*

Inspection Dates and Department Representative

12/06/2022 - On-Site [redacted]

12/07/2022 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *116* **Residents Served**: *45*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *45* **Residents Served**: *30*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *75*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *40* **Have Physical Disability**: *0*

Inspections / Reviews

12/06/2022 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/26/2022*

Inspections / Reviews *(continued)*

12/21/2022 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/06/2023*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *12/30/2022*

12/21/2022 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/06/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *12/30/2022*

01/13/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *01/06/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], at approximately [redacted] Resident 1 got up from [redacted] wheelchair and fell head-first into one of the dining room's window beams resulting in the resident being taken to the hospital via ambulance for their injuries. The home did not report this incident to the Department.

On [redacted], Resident 1's spouse informed the home the Resident 1 had passed way the day prior (on [redacted]), as a result of their injuries. The home did not report this incident to the Department.

Plan of Correction ***Accept ([redacted] - 12/21/2022)***

The incident report concerning the above incident was sent on 12/19/22 to the Department of Human Services Licensing by the Executive Director. Please see attached. This incident report not being sent within 24 hours was an oversight on the part of administration.
Going forward there will be a double check system put into place between the nursing department and administration. This double check system was put in place by the Executive Director. All falls or incidents where there is injury that require an emergency service to be called and the resident to be transported to the hospital for evaluation, will be directly called to the manager on call or reported immediately to administration to determine whether a report needs to be made to DHS. These reportable incidents will be reported timely within 24 hours of the incident.
This double check system was started on 12/7/22. The Resident Care Manager and Executive Director will ensure ongoing compliance starting on 12/15/22 with this regulation by reading the 24 hour report and discussing all incidents with direct care staff and reporting all incidents that require reporting under the DHS regulations.

Licensee's Proposed Overall Completion Date: *12/21/2022*

Implemented ([redacted] - 01/12/2023)

42b - Abuse

2. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately [redacted] Resident 1 approached Resident 2 and began to curse and yell at him/her. Resident 2 flipped over a dining room table which hit Resident 1 and caused him/her to fall to the floor. On [redacted] at approximately [redacted], Resident 1 complained of not being able to bear weight on his/her right leg and was transfered to the hospital where he/she was diagnosed with a pubic/groin area hairline fracture.

Plan of Correction ***Accept ([redacted] - 12/21/2022)***

Immediately after the incident on [redacted], the residents were separated by our medication technician. Resident 1

42b Abuse (continued)

was evaluated by our Resident Care Manager for pain and/or injury on [redacted]. Resident 2 was sent to the hospital for an evaluation for change of mental status by our Resident Care Manager on [redacted]. Resident 2 was sent back from hospital on [redacted] in the evening with a diagnosis of a [redacted] and was put on an antibiotic to treat. When resident returned from hospital, staff were instructed to do frequent checks on both residents, but especially Resident 2 to make sure that [redacted] behavior was acceptable and not escalating. Resident 2 has been evaluated and is seen frequently by our contract psych nurse. Since the incident, Resident 2 has had multiple medication changes that have changed [redacted] behavior and has stopped the aggressiveness. [redacted] also is on a more stable and routine schedule which helps with [redacted] mood stabilization.

Our Resident Care Manager and Assistant Resident Care Manager completed an inservice on dementia, behaviors, and sundowning with the direct care staff on December 12, 2022. Inservice documentation is attached. Starting December 12, 2022, staff will continue to monitor Resident 2's behavior and report any escalation of behaviors and anything out of the ordinary to Resident Care Manager, LPN so it can be dealt with immediately.

Our Activities Manager in conjunction with our Resident Care Manager and Executive Director have created a more routine and structured environment for our residents with activities that engage them longer to deescalate any behaviors. This was started on December 12, 2022. Resident Care Manager and Executive Director will ensure ongoing compliance by doing daily report and walking rounds with direct care staff to observe any out of the ordinary behaviors. This was started on December 12, 2022.

Licensee's Proposed Overall Completion Date: *12/21/2022*

Implemented [redacted] - 01/12/2023)

81b - Resident Personal Equipment

3. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The resident beds in room's 109, 212, 500 and 502, have enabler bars installed on them that are unsecured with openings that measure approximately 11 inches. These uncovered openings exceed the maximum recommended FDA guideline of 4 ¾ inches, and present a potential entrapment risk to the residents.

Plan of Correction ***Accept [redacted] - 12/21/2022)***

On December 7, all bed enabler bars that did not meet compliance were covered by a pillowcase and fastened correctly by the Maintanence Manager until we received the new enabler bars that met compliance. A complete audit was done of all of the rooms in the community to check for bed enabler bars on 12/8/22 by the Maintenance Manager. The Executive Director ordered new enabler bars that met compliance. They were delivered on 12/11/22. The bed enablers bars that had openings at the top that exceeded 4 inches were taken off and replaced by our Maintanence Manager that ensured that they were secured correctly to the bed. This was completed on December 12, 2022.

Starting December 12, 2022. if a resident requires an enabler bar, the request will go to the Resident Care Manager to receive a physician order. After the order is obtained, the Maintenance department will install the correct bed enabler and ensure that it is securely fastened.

On December 12, 2022, an order was been placed in our electronic EMAR system for the residents that have the enabler bars on all three shifts for staff to check secureness of bar. If there are any issues, maintenance will be notified to correct the issue with the bar. Resident Care Manager and Executive Director will ensure ongoing

81b Resident Personal Equipment (continued)

compliance with this regulation by doing quarterly audits of all enabler bars. The audits will start in March 2023 and will be ongoing every 3 months therafter.

Licensee's Proposed Overall Completion Date: *12/21/2022*

Implemented (- 01/12/2023)

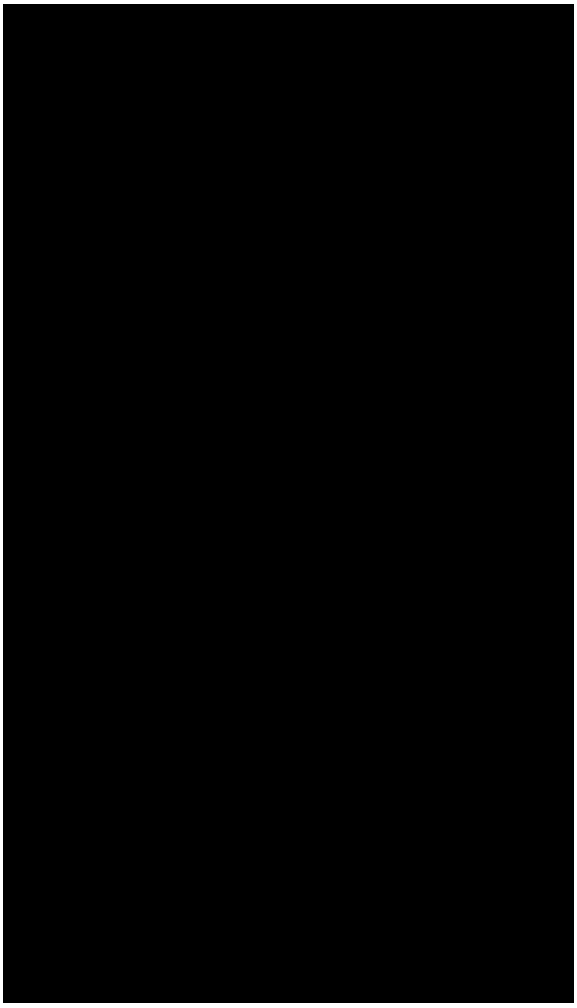
185a - Implement Storage Procedures

4. 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

On , glucometer readings were compared to the electronic medication administration record (eMAR) for Resident 3 whose glucometer readings are taken four times per day. The dates and times of the glucometer blood sugar readings matched the eMAR, however the times of the blood sugar readings on the glucometer did not match the times of the entries on the eMAR. The glucometer was not calibrated to the correct time. See the examples below:



185a Implement Storage Procedures (continued)

Plan of Correction ***Accept [redacted] - 12/21/2022)***

On [redacted] the time on Resident 3's glucometer was changed to the correct time by the Assistant Resident Care Manager. On December 8, 2022, an audit was done of all of the resident's glucometers to ensure that the times were correct. Those that were not, were changed to the correct time. This was completed by the Assistant Resident Care Manager. An order was placed on every resident that has a glucometer in the electronic EMAR to check the time on their glucometer every evening. This was completed on December 8th by the Resident Care Manager. This will ensure the correctness of the times going forward.

Resident Care Manager and Assistant Resident Care Managers will ensure ongoing compliance by checking all glucometers monthly to ensure that the time is correct. This started on December 12, 2022 and will continue monthly.

Licensee's Proposed Overall Completion Date: *12/21/2022*

Implemented ([redacted] - 01/12/2023)