

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

July 13, 2023

[REDACTED], COMPLIANCE OFFICER  
PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC  
240 CEDAR HILL DRIVE  
MCMURRAY, PA, 15317

RE: PARAMOUNT SENIOR LIVING AT  
PETERS TOWNSHIP  
240 CEDAR HILL DRIVE  
MCMURRAY, PA, 15317  
LICENSE/COC#: 44346

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/05/2023, 06/06/2023 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 PETERS TOWNSHIP    **License #:** 44346    **License Expiration:** 03/14/2024

**Address:** 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317

**County:** WASHINGTON                      **Region:** WESTERN

**Administrator**

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

**Legal Entity**

**Name:** PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC

**Address:** [REDACTED]

**Phone:** [REDACTED]                      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** 1 2                                      **Date:** 12/17/2015                                      **Issued By:** Peters Township

**Staffing Hours**

**Resident Support Staff:** 0                      **Total Daily Staff:** 127                      **Waking Staff:** 95

**Inspection Information**

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

**Reason:** Renewal                                      **Exit Conference Date:** 06/06/2023

**Inspection Dates and Department Representative**

06/05/2023 On Site [REDACTED]

06/06/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 120                                      **Residents Served:** 86

**Secured Dementia Care Unit**

**In Home:** Yes                                      **Area:** 2nd Floor                                      **Capacity:** 34                                      **Residents Served:** 11

**Hospice**

**Current Residents:** 11

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0                                      **Are 60 Years of Age or Older:** 86

**Diagnosed with Mental Illness:** 0                                      **Diagnosed with Intellectual Disability:** 1

**Have Mobility Need:** 41                                      **Have Physical Disability:** 1

**Inspections / Reviews**

**06/05/2023 - Full**

**Lead Inspector:** [REDACTED]                      **Follow-Up Type:** POC Submission                      **Follow-Up Date:** 06/23/2023

**06/20/2023 - POC Submission**

**Submitted By:** [REDACTED]                      **Date Submitted:** 07/07/2023

**Reviewer:** [REDACTED]                      **Follow-Up Type:** POC Submission                      **Follow-Up Date:** 06/26/2023

Inspections / Reviews (*continued*)

## 06/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/10/2023

## 07/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

### Description of Violation

On 6/5/23 at 11:30am, a binder titled "communications log", as well as numerous folders containing resident medical information for numerous residents, including resident diagnoses, were unlocked, unattended, and accessible in the 1st floor alcove across from the nurse's station.

### Plan of Correction

Accept ( ) - 06/22/2023)

Corrected immediately by removing binder from counter to nurse's station on 1st floor, keypad placed on nurse's station door before end of day 6/5/23.

Educate all DCS on record confidentiality by 6/30/23, documentation will be kept.

Resident Care Manager to monitor common areas to ensure all records are kept confidential daily starting 6/30/23 Monday through Friday for two weeks and then weekly for two weeks by 7/31/23, documentation will be kept.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented (LM - 07/12/2023)

## 25b - Contract Signatures

### 2. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

### Description of Violation

Resident #4's resident-home contract, dated 5/5/23, is not signed by the resident.

### Plan of Correction

Accept ( ) - 06/22/2023)

Contract was signed immediately by the resident 6/5/23

Educate Admissions Manager on resident home contract signatures by 6/15/23, documentation was kept.

Executive Director will do initial audit of all current resident contracts by 7/1/23, once initial audit is complete

Executive Director will review first five admission contracts within 24 hours of admission to ensure all signatures are present, documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented ( ) - 07/12/2023)

## 132b - Safety Inspection/Fire Drill

### 3. Requirements

2600.

- 132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

132b - Safety Inspection/Fire Drill (continued)

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 9/29/22; however, the previous fire safety inspection and fire drill conducted by a fire safety expert was completed on 2/24/20.

Plan of Correction

Accept ( ) - 06/20/2023)

Corrected immediately by providing documentation of the inspection performed on September 29th, 2022.

Maintenance staff educated on fire safety inspection on 6/15/23, documentation was kept.

Annual Fire Safety Inspection has been scheduled with Peters Township Fire Department for June 20th, 2023 @10am, documentation will be kept.

Executive Director will schedule next fire safety inspection for May of 2024 to ensure compliance by 7/1/23.

Licensee's Proposed Overall Completion Date: 07/01/2023

Implemented ( ) - 07/12/2023)

132d - Evacuation

4. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the following fire drills, the home did not have documentation from a fire safety expert within the past year indicating a maximum evacuation time to the home's fire-safe areas that exceeds 2 minutes, 30 seconds. During these fire drills, the evacuation time exceeded 2 minutes, 30 seconds:

- 8/29/22 at 9:50am-Evacuation time was 3 minutes, 40 seconds
- 9/18/22 at 1:20am-Evacuation time was 6 minutes, 45 seconds

Plan of Correction

Accept ( ) - 06/22/2023)

Scheduled Fire Safety Inspection for 6/20/23 at 10am, to determine evacuation time going forward. Currently evacuation time is 7 minutes and 30 seconds.

Maintenance staff educated on evacuation by 6/15/23, documentation was kept.

Executive Director will witness fire drills monthly starting 7/1/23 for one year ending 6/30/24, to ensure evacuation times are met, documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (LM - 07/13/2023)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

Resident #5's medical evaluation, dated [REDACTED], does not include resident #5's pulse rate or immunization history. These sections of the form are blank.

**Plan of Correction**

Accept [REDACTED] - 06/22/2023)

On 3/1/23 a new medical evaluation form was completed on resident 5. Admissions Manager and Nurse Management educated on completing the medical evaluation form in regards to 141a on 6/15/23, documentation was kept. RCM will do an initial audit of all medical evaluations by 7/1/23, after initial audit is complete RCM will review first ten medical evaluation forms within 30 days of admission to ensure compliance, documentation will be kept.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [REDACTED] - 07/13/2023)

183d - Prescription Current

**6. Requirements**

2600.  
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On [REDACTED]/23, a [REDACTED] of resident #5's [REDACTED] was present in the home's medication cart; however, this medication was discontinued on 5/8/23.

**Plan of Correction**

Accept [REDACTED] - 06/22/2023)

Corrected immediately by removing from medication cart and placing in pharmacy return bin. DCS will be educated on keeping prescriptions current by 6/30/23, documentation will be kept. Resident Care Manager will do an initial audit of all carts by 7/1/23, after initial audit is complete, RCM will audit five residents starting 7/2/23 every week for a month to ensure prescriptions are current, monitoring will end by 8/1/23, documentation will be kept.

Licensee's Proposed Overall Completion Date: 08/01/2023

183d - Prescription Current (continued)

Implemented (LM - 07/13/2023)

224a - Preadmission Screen Form

7. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #5's preadmission screening form, dated [redacted]/22, does not include the signature of the person who completed the form or a determination that the home can meet resident #5's needs. These sections of the form are blank.

Plan of Correction

Accept [redacted] - 06/22/2023)

Preadmission Screen was corrected immediately on 6/5/23

Admissions Manager and Nurse Management educated on completing the prescreen in its entirety on 6/15/23, documentation was kept.

Executive Director will do initial audit of all prescreen forms by 7/1/23, after initial audit is complete ED will audit first ten prescreens to ensure completion by admission date, documentation will be kept.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented ([redacted] - 07/13/2023)

231b - Medical Evaluation

8. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #5 was admitted to the secured dementia care unit (SDCU) on [redacted]/22; however, resident #5's medical evaluation, dated [redacted]/22, does not indicate a need for resident #5 to be served in a SDCU.

Plan of Correction

Accept ([redacted] - 06/22/2023)

On 3/1/23 a new medical evaluation form was completed on resident 5 and it does indicate the need for the resident to be served on the SDCU.

Admissions Manager and Nurse Management educated on completing the medical evaluation form regarding 231b on 6/15/23, documentation will be kept.

Resident Care Manager will do an initial audit of all medical evaluations by 7/1/23, after initial audit is complete RCM will review five medical evaluation forms prior to admission to SDCU to ensure the need for the SDCU is specified to ensure compliance, documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented ([redacted] - 07/13/2023)