

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

August 14, 2023

[REDACTED], COMPLIANCE OFFICER  
PARAMOUNT SENIOR LIVING AT FAYETTEVILLE LLC  
[REDACTED]

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 05/09/2023, 05/10/2023 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 CHAMBERSBURG ROAD*      License #: *33383*      License Expiration: *04/16/2024*

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: [REDACTED]

Phone: [REDACTED]      Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *1 2*      Date: *10/28/2010*      Issued By: *Franklin Township*

**Staffing Hours**

Resident Support Staff: *0*      Total Daily Staff: *47*      Working Staff: *35*

**Inspection Information**

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

Reason: *Renewal, Complaint*      Exit Conference Date: *05/10/2023*

**Inspection Dates and Department Representative**

*05/09/2023 On Site* [REDACTED]

*05/10/2023 On Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100*      Residents Served: *43*

**Secured Dementia Care Unit**

In Home: *Yes*      Area: *Memory Care*      Capacity: *24*      Residents Served: *0*

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *4*      Are 60 Years of Age or Older: *43*

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

Have Mobility Need: *4*      Have Physical Disability: *0*

**Inspections / Reviews**

**05/09/2023 - Full**

Lead Inspector: [REDACTED]      Follow-Up Type: *POC Submission*      Follow-Up Date: *06/01/2023*

Inspections / Reviews (*continued*)

## 07/26/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/03/2023

## 08/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/15/2023

## 08/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

20b5 - No Commingling

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

5. Commingling of resident funds and home funds is prohibited.

Description of Violation

Resident funds are located in multiple trust accounts under a main bank account. This account is owned by the personal care home and labeled, "Client Account: All."

Plan of Correction

Accept ( [redacted] ) - 08/08/2023

Education provided to PC Admin and Business Office Manager on 6/20/2023.

Letter drafted and sent to Residents and POA's that Paramount is managing trust funds - See attached letter.

The business office will maintain separate, current individual records of the financial transactions for the resident in cash on site. Deposits and expenditures will be documented with a written receipt.

Residents that Paramount was representing as Rep Payees were referred to "Family Care Services" for a Rep Payee to be assigned.

We were told having a Rep Payee assigned could take months).

8/1/2023

Education was provided to the PC Admin and Business Office Manager by the Executive Director.

The letter that was sent to Resident's and POA's regarding no longer managing trust funds was mailed out 6/20/2023.

Referral was sent to Family Care Services on 7/7/2023.

Approximate date of Rep Payees being assigned is 12/31/2023.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ( [redacted] ) 08/14/2023

20b6 - Interest Bearing Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home is currently holding more than 200 dollars for Resident 1. There is no documentation that the home has offered assistance to the resident in establishing an interest-bearing account at a local financially accredited institution.

It is also noted that none of the resident funds within the home's "Client Account: All " containing trusts are interest-bearing accounts.

20b6 - Interest Bearing Account (continued)

**Plan of Correction**

Accept [redacted] 08/08/2023)

Education provided to PC Admin and Business Office Manager on 5/30/2023.

Facility will begin utilizing the form provided by DHS.

Business Office Manager met with the 6 residents we are holding more than \$200 for 2 consecutive months to offer them interest-bearing accounts. 6/6 residents declined and signed the declination form on 6/6/2023.

The business office will maintain separate, current individual records of the financial transactions for the resident in cash on site.

PC Admin/designee will conduct monthly audits x3 months, then quarterly x3 months.

Findings will be reported during quarterly QAPI.

8/1/2023

Education provided to PC Admin and Business Office Manager by Executive Director.

Form provided by DHS started being utilized 5/31/2023.

Audits will begin 7/2023.

Findings will be reported during QAPI beginning 9/2023.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [redacted] - 08/14/2023)

89b - Hot Water Temperature

**3. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

The water temperature was measured from the activity room's sink. The water temperature was measured at 124.8 degrees Fahrenheit.

**Plan of Correction**

Accept [redacted] 08/08/2023)

Education provided to PC Admin and Director of Maintenance on 5/30/2023.

During survey hot water turned off to sink in Wicker Room, residents and facility staff made aware by posting a sign at the sink.

Mixing Valve ordered to apply to sink to regulate water temperature - should be here within next week or 2.

PC Admin/designee will conduct audits 2x/wk x1 months, then weekly x1 month when mixing valve is in place.

Findings will be reported during quarterly QAPI.

8/1/2023

Education provided to PC Admin and Director of Maintenance by the Executive Director.

Mixing Valve was ordered 6/5/2023.

Audits began 6/20/2023.

Findings will be reported during QAPI beginning 9/2023.

89b - Hot Water Temperature (continued)

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

Implemented [REDACTED] /14/2023)

103e Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

Inside the kitchen's refrigerator there was a prepared salad in a styrofoam container; there is no labeling on the container or a date in which it was prepared.

Inside the kitchen's refrigerator there were 2 stacks of yellow cheese singles and half a tomato wrapped in cellophane wrap. The date written on the food was illegible.

Inside the food warmer of the kitchen was a sandwich wrapped in tinfoil that simply said "Laci." There was no date labeled on the food.

There was a frozen pineapple in an opened Ziplock bag within the freezer of the activity room; there was no date on the opened bag.

Plan of Correction

Accept [REDACTED] 08/08/2023)

Education provided to PC Admin, RCM, ARCM, and Director of Dietary on 5/30/2023.

Education provided to PC and dietary staff on 5/30/2023.

Dietary staff will be checking that items are dated at the end of their shifts.

PC Admin/designee will conduct refrigerator/freezer audits 1x/wk x3 months, then monthly x3 months.

Findings will be reported during quarterly QAPI.

8/1/2023

Education provided to PC Admin, RCM, ARCM, and Director of Dietary by the Executive Director.

Education provided to PC staff by ARCM, RCM. Education provided to dietary staff by the Dietary Manager.

Dietary staff will be checking that items are dated at the end of their shifts beginning 5/15/2023.

PC Admin/designee will conduct refrigerator/freezer audits beginning 6/7/2023.

Findings will be reported during QAPI beginning 9/2023.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 08/14/2023)

## 105g - Lint Removal and Duct Cleaning

## 5. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

## Description of Violation

*Located in the resident laundry room of "C Hall," there was a dryer labeled #2. The dryer was not in use and there was a thick layer of lint observed in the lint trap.*

## Plan of Correction

Accept (█ - 08/08/2023)

*Education provided to PC Admin, RCM, ARCM on 5/30/2023.*

*Education provided to PC staff on 5/26/2023.*

*Lint was removed from lint trap during survey.*

*PC staff will remove lint from lint trap upon removal of clothing from dryer, lint trap will be checked during walking rounds with shift change.*

*PC Admin/designee will conduct audits of the PC dryer lint traps 1x/wk x2 months, then 2x/month x2 months.*

*Findings will be reported during quarterly QAPI*

8/2/2023

*Education provided to PC Admin, RCM, ARCM by the Executive Director.*

*Education provided to PC staff by the RCM and ARCM.*

*Checking of lint trap began 5/15/2023.*

*Audits began 6/7/2023.*

*Findings will be reported during QAPI beginning 9/2023.*

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

Implemented (█ - 08/14/2023)

## 132b - Safety Inspection/Fire Drill

## 6. 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.

## Description of Violation

*There was no fire drill conducted by a fire safety expert in 2022. The previous observed drill was on 12/29/2021.*

## Plan of Correction

Accept (█ - 08/08/2023)

*Education provided to PC Admin and Director of Maintenance on 5/30/2023.*

*Fire safety expert conducted drill and inspection on 1/19/2023 - Letter attached.*

8/2/2023

*Education provided to PC Admin and Director of Maintenance by the Executive Director.*

*PCHA created a recurring calendar alert on 8/2/2023 for the PCHA, ED, and Director of Maintenance for the*

132b - Safety Inspection/Fire Drill (continued)

month of August as a reminder to schedule the annual full evacuation and inspection for November. Executive Director emailed the fire safety expert on 8/2/2023 to set a date for November 2023.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented [redacted] - 08/14/2023)

132c - Fire Drill Records

7. 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 drills conducted on 06/28/2022, 7/22/2022 and 09/14/22 do not have an amount of time to evacuate documented in the fire drill records; only stating N/A on the forms.

Plan of Correction

Accept [redacted] - 08/08/2023)

Education provided to PC Admin and Director of Maintenance on 5/30/2023.

Monthly fire drills will be reported and reviewed during monthly safety committee.

PC Admin/designee will conduct monthly audits x3 months, then quarterly x3 months.

Findings will be reported during quarterly QAPI.

8/2/2023

Education provided to PC Admin and Director of Maintenance by the Executive Director.

Monthly fire drills will be reported and reviewed during monthly safety committee beginning 7/19/2023.

Audits began 7/2023.

Findings will be reported during QAPI beginning 9/2023.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [redacted] - 08/14/2023)

132d - Evacuation

8. 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

The fire drill conducted on 5/19/2022 was documented as taking 7 minutes and 13 seconds for the residents to

132d - Evacuation (continued)

evacuate. According to the last recommendation from a fire safety expert on 12/29/2021, the maximum safe evacuation time is 5 min and 40 seconds.

Plan of Correction

Accept ( [redacted] 08/08/2023)

Education provided to PC Admin and Director of Maintenance on 5/30/2023.  
Monthly fire drills will be reported and reviewed during monthly safety committee.  
PC Admin/designee will conduct monthly audits x3 months, then quarterly x3 months.  
Findings will be reported during quarterly QAPI.

8/2/2023

Education provided to PC Admin and Director of Maintenance by Executive Director.  
Monthly fire drills will be reported and reviewed during monthly safety committee began 7/19/2023.  
Audits began 7/2023.  
Findings will be reported during QAPI beginning 9/2023.  
Education provided to the Director of Maintenance on 7/28/2023 by PCHA regarding recording time of fire drill. Edu attached.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [redacted] - 08/14/2023)

183f - Discontinued Medications

9. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident 4 has a physician's order on their medication administration record (MAR) for [redacted], administer 1 drop into both eyes 2(two) times a day. This medication was expired as of 4/5/2023. The expired medication was still being administered and there was no new medication on hand for the resident.

Plan of Correction

Accept [redacted] - 08/08/2023)

Education provided to PC Admin, RCM, ARCM on 5/30/2023.  
Education provided to PC staff on 5/26/2023.  
Full house cart audit completed on 6/16/2023 with no concerns noted.  
ARCM/designee will compare prescription label to eMAR daily with medication delivery x2 months, then random monthly audits x2 months.  
Findings will be reported during quarterly QAPI.

8/2/2023

183f - Discontinued Medications (continued)

Education provided to PC Admin, RCM, ARCM by the Executive Director.  
 Education provided to PC staff by the RCM and ARCM.  
 Full house cart audit completed by the ARCM and Med Tech.  
 Audits began 5/15/2023.  
 Findings will be reported during QAPI beginning 9/2023.  
 Will extend daily auditing for 2 additional months (through 11/30/2023) due to working through some concerns with the new pharmacy. RCM/Designee will continue to conduct audits. Most of the findings on the attached audit were due to the facility clarifying and discontinuing orders with the new pharmacy.  
 Resident 4's medication: LPN immediately removed and disposed of expired medication on 5/10/2023, new medication was ordered by LPN on 5/10/2023, medication arrived from pharm on 5/11/2023.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ( ) - 08/14/2023)

184a Resident's Meds Labeled

10. Requirements

- 2600.
- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
  - 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident 2 has an order for [REDACTED] Subcutaneously with meals, documented on the medication administration record (MAR). However, the pharmacy label reads, "Hold if BS is < 150." This instruction is not present on the MAR.

Resident 2 has an order for [REDACTED], Inject 12 units Subcutaneously with meals. The medication has 2 separate "opening date" stickers attached to the medication, one being 5/1/2023 and the other being 5/5/2023. It was not known which label is the correct date the medication was opened.

Plan of Correction

Accept ( ) - 08/08/2023)

Education provided to PC Admin, RCM, ARCM on 5/30/2023.  
 Education provided to PC staff on 5/26/2023.  
 Full house cart audit completed on 6/16/2023 with no concerns noted.  
 ARCM/designee will compare prescription label to eMAR daily with medication delivery x2 months, then random monthly audits x2 months.  
 Findings will be reported during quarterly QAPI.

8/2/2023

Education provided to PC Admin, RCM, ARCM by the Executive Director.

**184a - Resident's Meds Labeled (continued)**

Education provided to PC staff by the RCM/ARCM.

Full house cart audit completed by the ARCM and Med Tech.

Audits began 5/15/2023.

Findings will be reported during QAPI beginning 9/2023.

Will extend daily auditing for 2 additional months (through 11/30/2023) due to working through some concerns with the new pharmacy. RCM/Designee will continue to conduct audits. Most of the findings on the attached audit were due to the facility clarifying and discontinuing orders.

Resident 2's eMAR/prescription label: ARCM corrected eMAR to reflect specific instructions for insulin on 5/10/2023. Insulin pen was not disposed of due to medication just being opened. We used the earlier date documented of 5/1/2023 and went 28 days from that date as not to unnecessarily waste resident medication.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented (█) - 08/14/2023)

**185a - Implement Storage Procedures****11. 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**

Resident 1 has a physician's order for █ tablet by mouth every 8 hours as needed. However, this medication was not available in the home.

Resident 4 has an order for █. However, this medication was not available in the home.

Resident 4 has an order in the MAR for █. However, this medication was not available in the home.

Resident 4 has an order in the MAR for █. However, this medication was not available in the home.

**Plan of Correction**

Accept (█) - 08/08/2023)

Education provided to PC Admin, RCM, ARCM on 5/30/2023.

Education provided to PC staff on 5/26/2023.

Full house cart audit completed on 6/16/2023 with no concerns noted.

ARCM/designee will compare prescription label to eMAR daily with medication delivery x2 months, then random monthly audits x2 months.

Findings will be reported during quarterly QAPI.

Disputing: See attached documentation.

Resident #4 has an order for Tylenol supp - medication was in the refrigerator.

Resident #4 has an order for Biscodyl supp - medication was in the refrigerator.

185a - Implement Storage Procedures (continued)

8/3/2023

Education provided to PC Admin, RCM, ARCM by the Executive Director.

Education provided to PC staff by the RCM and ARCM.

Full house cart audit completed by ARCM and Med Tech.

Audits began 5/15/2023.

Findings will be reported during QAPI beginning 9/2023.

Will extend daily auditing for 2 additional months (through 11/20/2023) due to working through some concerns with the new pharmacy. RCM/Designee will continue to conduct audits. Most of the findings on the attached audit were due to the facility clarifying and discontinuing orders.

On 5/10/2023 LPN immediately reordered Resident 1's Ondansetron; medication arrived at the facility on 5/11/2023.

On 5/10/2023 LPN immediately reordered Resident 1's Lorazepam; medication arrived at the facility on 5/11/2023.

Disputing Resident 4: On 5/11/2023 PCHA located Acetaminophen and Biscodyl Suppositories in the medication refrigerator.

See attached education regarding this dispute.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 08/14/2023)

187a - Medication Record

12. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

7. Route of administration.

8. Frequency of administration.

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident 4 has a physician's order for [REDACTED], "Apply topically to Coccyx twice daily for reddened area," included on their medication administration record (MAR). However, the pharmacy label of the medication does not include directions or where this medication is to be administered.

Resident 4 has an order on their [REDACTED] Apply topically to affected area(s) daily as needed; there was no diagnosis or use for this medication on the MAR or pharmacy label.

Resident 3 has a prescription/order on their MAR for [REDACTED], take one tablet by mouth once daily." However, the pharmacy label has been changed to [REDACTED] take one tablet by mouth daily as needed if >2lbs weight gain," as well as changed into a pro re nata (PRN) medication. Staff reported that the initial order

## 187a - Medication Record (continued)

██████████, take one tablet by mouth once daily") was discontinued. But the discontinued daily order was still an active order documented on the MAR. There was no documentation on the MAR that the Daily Order was changed to a PRN or the change in administration depending on the resident's weight gain.

**Plan of Correction**

Accept ██████████ 08/08/2023)

Education provided to PC Admin, RCM, ARCM on 5/30/2023.

Education provided to LPN's, Med Tech's on 5/26/2023.

Full house cart audit completed on 6/16/2023.

PC Admin/designee will conduct biweekly treatment cart audits 2x/month, then monthly x2 months.

Findings will be reported during quarterly QAPI.

Disputing: See attached documentation.

Resident #3 has an order for Bumex QD, pharmacy label has a change sticker on it. Staff reported to surveyor that the medication was changed to PRN. Resident has both a PRN and routine order.

8/2/2023

Education provided to PC Admin, RCM, ARCM by the Executive Director.

Education provided to LPN's, Med Tech's by the RCM and ARCM.

Full house cart audit completed by the ARCM and Med Tech.

Audits began 5/15/2023.

Findings will be reported during QAPI beginning 9/2023.

On 5/11/2023 LPN immediately applied a change sticker to ██████████ bottle. Clarification ordered to add diagnosis received on 6/1/2023.

On 5/22/2023 order for Nystop Powder was discontinued due to not requiring treatment any longer.

Disputing Resident 3: PCHA discovered resident 3 had both a PRN and a routine order on 7/25/2023 by reviewing resident 3's active orders and going through residents' medication in the med cart and locating both cards.

See attached education regarding this dispute.

Licensee's Proposed Overall Completion Date: 11/30/2023

██████████ - 08/14/2023)

## 254a - Records Discharge/Active

**13. Requirements**

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

**Description of Violation**

Narcotic binders for both medication carts were located on top of the medication carts, which were located in a common area of the building. The narcotic binders were unsecured and accessible to anyone in the vicinity.

## 254a - Records Discharge/Active (continued)

**Plan of Correction**

Accepted [REDACTED] 08/08/2023)

Education provided to PC Admin, RCM, ARCM on 5/30/2023.

Education provided to LPN's, Med Tech's on 5/26/2023.

PC Admin/designee will conduct random weekly audits x3 months.

Findings will be reported during quarterly QAPI.

8/2/2023

Education provided to PC Admin, RCM, ARCM by the Executive Director.

Education provided to LPN's, Med Tech's by the RCM and ARMC.

Audits began 6/7/2023.

Findings will be reported during QAPI beginning 9/2023.

**Licensee's Proposed Overall Completion Date: 08/30/2023**

Implemented [REDACTED] - 08/14/2023)