

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

August 25, 2023

[REDACTED], DIRECTOR OF COMPLIANCE
PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC
5785 BAPTIST ROAD
BETHEL PARK, PA, 15102

RE: PARAMOUNT SENIOR LIVING AT
BETHEL PARK
5785 BAPTIST ROAD
BETHEL PARK, PA, 15102
LICENSE/COC#: 44088

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/10/2023, 07/11/2023 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 BETHEL PARK* License #: *44088* License Expiration: *07/13/2024*
 Address: *5785 BAPTIST ROAD, BETHEL PARK, PA 15102*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC*
 Address: *5785 BAPTIST ROAD, BETHEL PARK, PA, 15102*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: <i>1 1</i>	Date: <i>10/29/2009</i>	Issued By: <i>Municipality of Bethel Park</i>
Type: <i>1 2</i>	Date: <i>10/29/2009</i>	Issued By: <i>Municipality of Bethel Park</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *144* Waking Staff: *108*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *07/11/2023*

Inspection Dates and Department Representative

07/10/2023 On Site [REDACTED]
 07/11/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: <i>125</i>	Residents Served: <i>92</i>		
Secured Dementia Care Unit			
In Home: <i>Yes</i>	Area: <i>3rd Floor</i>	Capacity: <i>28</i>	Residents Served: <i>17</i>
Hospice			
Current Residents: <i>9</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>92</i>		
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>		
Have Mobility Need: <i>52</i>	Have Physical Disability: <i>0</i>		

Inspections / Reviews

07/10/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/04/2023*

Inspections / Reviews (*continued*)

08/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/25/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/11/2023

08/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/25/2023

08/25/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 following fire drills indicate that not all residents were evacuated during the fire drills; however, all residents were evacuated during each of these drills:

- *6/15/22 at 4:59pm: Fire drill log indicates 3 of the 87 residents were evacuated; however, all 87 residents were evacuated*
- *7/19/22 at 7:45am: Fire drill log indicates 5 of the 88 residents were evacuated, however, all 88 residents were evacuated*
- *8/27/22 at 9:30am: Fire drill log indicates 2 of the 90 residents were evacuated; however, all 90 residents were evacuated*
- *9/24/22 at 12:30am: Fire drill log indicates 22 of the 92 residents were evacuated; however, all 92 residents were evacuated*
- *10/25/22 at 4:00pm: Fire drill log indicates 24 of the 92 residents were evacuated; however, all 92 residents were evacuated*
- *11/23/22 at 1:15pm: Fire drill log indicates 17 of the 79 residents were evacuated; however, all 79 residents were evacuated*
- *12/27/22 at 11:00am: Fire drill log indicates 5 of the 82 residents were evacuated; however, all 82 residents were evacuated*

REPEAT VIOLATION: 4/11/2022, et. al.

Plan of Correction

Accept ([REDACTED] - 08/07/2023)

1. *On 7/31/23 Fire Drill Record edited by Maintenance Director to reflect correct number of residents evacuated. Documentation kept.*
2. *On 7/31/23 Executive Director educated Maintenance Manager, maintenance assistant and management staff on regulation. Documentation kept.*
3. *Effective 8/1/23 Executive Director or designee will monitor for proper documentation monthly for compliance with regulation 132.c. Documentation will be kept.*

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

Implemented ([REDACTED] - 08/25/2023)

132d - Evacuation

2. 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.

132d - Evacuation (continued)

Description of Violation

According to the most recent document from a fire safety expert, dated 4/7/22, the home's maximum safe evacuation time to the home's fire-safe areas is 7 minutes. However, the home exceeded the maximum evacuation time during the following fire drills:

- 11/23/22 at 1:15pm-Evacuation time was 8 minutes, 24 seconds
- 10/25/22 at 4:00pm-Evacuation time was 7 minutes, 12 seconds

Plan of Correction

Directed [REDACTED] 08/10/2023)

1. On 7/31/23 Executive Director educated Maintenance Manager, maintenance assistant and management team on regulation. Documentation kept.
2. By 8/11/23 Executive Director or designee will educate staff on time of evacuation for fire drills. Documentation kept.
3. Executive Director will re- educate staff in September and October on fire drills/evacuations. Documentation will be kept.
4. By 8/25/23 Executive Director and/or designee will educate all residents on fire drill procedures. Documentation will be kept.
4. Effective 8/1/23 Executive Director or designee will monitor fire drills for compliance of regulation 132.d. If times aren't within limit, fire drill will be repeated. Documentation will be kept. (DIRECTED: Immediately: The Executive Director shall monitor the fire drill records monthly to ensure all residents evacuate to the home's fire-safe areas within the time specified in writing within the past year from a fire safety expert. If the evacuation time for any fire drill exceeds the maximum evacuation time as specified in writing within the past year by a fire safety expert, another fire drill shall be conducted within 5 calendar days. Documentation of all fire drills shall be kept in accordance with 2600.132c [REDACTED] 8/10/23).

Directed Completion Date: 08/25/2023

Implemented [REDACTED] - 08/25/2023)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2 is prescribed [REDACTED] -Give 2 drops sublingually every hour as needed; however, the [REDACTED] present in the home for resident #2 expired on 5/17/23.

Plan of Correction

Accept [REDACTED] 08/07/2023)

1. Violation immediately corrected by removing expired medication.
2. On 7/31/23 Executive Director educated management staff on regulation. Documentation kept.
3. By 8/11/23 Executive Director or designee will educate nurses and med techs on regulation. Documentation will be kept.
4. Starting week 7/31/23 Executive Director or designee will audit medication carts weekly for expired medications for 4 weeks, then twice a month for 1 month. Documentation will be kept.

183e - Storing Medications (*continued*)

Licensee's Proposed Overall Completion Date: 09/29/2023

Implemented [REDACTED] - 08/25/2023)

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

Resident #1 is prescribed blood sugar checks with sliding scale insulin coverage 4 times daily. On 7/8/23 at 7:07pm, resident #1's blood sugar was [REDACTED] however, was documented as [REDACTED] on resident #1's July 2023 medication administration record (MAR).

Plan of Correction*Accept* [REDACTED] - 08/07/2023)

- 1. On 7/31/23 Executive Director educated Management Team on violation. Documentation kept.*
- 2. By 8/11/23 Executive Director or designee will educate nurses and med techs on regulation. Documentation will be kept.*
- 3. Starting 7/31/23 Executive Director or designee audit blood sugar documentation daily for 5 days, then 3 times a week for one week, then weekly for 2 weeks. Documentation will be kept.*

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

Implemented [REDACTED] - 08/25/2023)

224a - Preadmission Screen Form

5. 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 #2's preadmission screening form does not include the date that it was completed, so it is unable to be determined if it was completed within 30 days prior to admission to the home. Resident #2 was admitted to the home on [REDACTED]/23.

Plan of Correction*Accept* [REDACTED] - 08/10/2023)

- 1. Violation immediately corrected. Documentation kept.*
- 2. On 7/31/23 Executive Director educated Management Team on regulation. Documentation kept.*
- 3. By 8/3/23 Executive Director or designee will audit all charts for completion of Prescreen. Documentation kept.*
- 4. Starting 7/31/23 Executive Director or designee will audit next 5 admissions within 24 hours of admission for completeness of Prescreen. Documentation will be kept.*

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [REDACTED] - 08/25/2023)