

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

December 8, 2023

[REDACTED], EXECUTIVE DIRECTOR
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 11/15/2023 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 LANCASTER COUNTY License #: 33390 License Expiration: 08/15/2024

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: L & I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 110

Waking Staff: 83

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #: 0

Reason: Complaint, Incident

Exit Conference Date: 11/15/2023

Inspection Dates and Department Representative

11/15/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 116

Residents Served: 79

Secured Dementia Care Unit

In Home: Yes

Area: SDU

Capacity: 44

Residents Served: 29

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 78

Diagnosed with Mental Illness: 29

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 31

Have Physical Disability: 0

Inspections / Reviews

11/15/2023 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/30/2023

12/01/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 12/11/2023

Inspections / Reviews *(continued)*

12/08/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. 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] am, Resident 1 bit Resident 2's right hand. As a result, Resident 2 had a wound on his/her right hand. The incident occurred in Resident 1 and Resident 2's shared room.

Repeated Violation-3/14/23, et al and 12/6/22, et al

Plan of Correction

Accept ([REDACTED] - 12/01/2023)

Resident #1 was admitted to this PCH on [REDACTED] into the secure memory care unit. An assessment was done at his residence prior to [REDACTED] being admitted. Information was also received on the DME and prescreen from [REDACTED] primary care physician. Resident #1 did have a diagnosis of [REDACTED]. The information obtained from the documents, the family, and the resident were used to develop the Resident and Support Plan (RASP) to guide the staff in caring for Resident #1. On [REDACTED] PT and OT evaluated Resident #1 to assist with [REDACTED] safety and mobility in [REDACTED] new living environment. Family refused these services for Resident #1. On [REDACTED] Resident #1 fell and sustained an abrasion to [REDACTED] back. Staff reported on [REDACTED] that Resident #1 was extremely anxious and notified family and primary care physician for recommendations. Physician requested to have resident come into the office to be seen. This was communicated to family and son was going to set up the appointment. On [REDACTED] the above incident occurred at [REDACTED] am. There was no indication of any behaviors leading up to the incident, as both residents were sleeping on walking rounds at 12AM. As soon as the incident occurred, Resident #1 was removed from the shared room and moved to his own private room. Resident #1 was then checked on frequently to ensure no further incidents occurred. Resident #1 slept the rest of the evening.

Going forward, the direct care staff will continue to follow the same policies of frequent checks of all residents to ensure that there are no negative interactions with any residents and that they receive the necessary assistance in toileting during sleeping hours. If an instance does occur where there is any negative interaction or anything that does not seem "normal", the direct care staff will immediately call the nurse on call and separate the residents into different rooms and monitor.

The Executive Director, Resident Care Manager (LPN), and Assistant Resident Care Manager (LPN) will ensure compliance by attending care stand up meetings every day with the direct care staff to discuss any possible issues. The 24 hour report is also read every morning by the ED, RCM, and ARCM to ensure that there are no issues between residents. Any issues will be discussed and acted on immediately upon discovery.

Licensee's Proposed Overall Completion Date: 11/28/2023

Implemented ([REDACTED] - 12/08/2023)

254a - Records Discharge/Active

2. Requirements

2600.

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

254a Records Discharge/Active (continued)

Description of Violation

On 11/15/23, the control substance logbook which contains resident information, was left unlocked, unattended, and accessible on the medication cart in the hallway of the home between rooms 109 and 111.

Plan of Correction

Accept [REDACTED] - 12/01/2023)

The controlled substance logbook was immediately moved from the top of the medication cart by the medication technician when discovered. It was placed in the double locked narcotic drawer in the medication cart.

Going forward, the medication log will not be left unattended on any medication cart in the community. The staff was verbally educated on 11.27.23 and 11.28.23 about the importance of all medical records being secured and locked. The attached documentation was gone over with the staff that pass medications. The controlled medication logbook will be locked in the narcotic drawer in the medication carts.

A formal documented inservice of HIPAA, confidentiality, and record security (specifically the controlled substance logbook) will be completed at the monthly nursing staff meeting on December 12, 2023. The inservice sign in sheet will be added to this report when completed on 12.12.23.

To ensure compliance, Resident Care Manager, LPN and Assistant Resident Care Manager, LPN will do daily rounds to monitor for correct placement and security of all medical records.

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

Implemented [REDACTED] - 12/08/2023)