

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

March 26, 2024

[REDACTED]
PARAMOUNT SENIOR LIVING AT FAYETTEVILLE LLC
[REDACTED]

RE: PARAMOUNT SENIOR LIVING AT
CHAMBERSBURG ROAD
6375 CHAMBERSBURG ROAD
FAYETTEVILLE, PA, 17222
LICENSE/COC#: 33383

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/22/2024 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* Waking Staff: *35*

Inspection Information

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

Reason: *Incident* Exit Conference Date: *02/22/2024*

Inspection Dates and Department Representative

02/22/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *41*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *3*

Number of Residents Who:

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

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

Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

02/22/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/16/2024*

03/18/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/25/2024*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/25/2024*

Inspections / Reviews *(continued)*

03/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]. Resident [redacted] most recent medical evaluation was completed on [redacted]. Resident [redacted] most recent medical evaluation was completed on [redacted].

Plan of Correction

Accept [redacted] - 03/18/2024)

- 1. Annual Medical Evaluations for Resident [redacted] and [redacted] were completed and are now current.
- 2. The Executive Director and Resident Care Manager were educated on [redacted] regarding the timeline requirements for Annual Medical Evaluation completion. Documentation will be kept.
- 3. The Assistant Resident Care Manager will be educated upon her return from vacation on [redacted]. Documentation will be kept.
- 4. As of [redacted] Annual Medical Evaluations for all residents are current. Documentation to be kept.
- 5. Starting [redacted] the Executive Director will audit the Annual Medical Evaluations monthly x3 to make sure all are in compliance. Documentation will be kept.

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

Implemented [redacted] - 03/26/2024)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident [redacted] most recent assessment was completed on [redacted]
Resident [redacted] most recent assessment was completed on [redacted]

Plan of Correction

Accept [redacted] - 03/18/2024)

- 1. Annual Assessments (RASPs) for Resident [redacted] and [redacted] were completed and are now current.
- 2. The Executive Director and Resident Care Manager were educated on [redacted] regarding the timeline requirements for Annual Assessment (RASP) completion. Documentation will be kept.
- 3. The Assistant Resident Care Manager will be educated upon her return from vacation on [redacted]. Documentation will be kept.
- 4. As of [redacted] Annual Assessments (RASPs) for all residents are current. Documentation to be kept.
- 5. Starting [redacted] the Executive Director will audit the Annual Assessments (RASPs) monthly x3 to make sure all are in compliance. Documentation will be kept.

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

Implemented [redacted] 03/26/2024)