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

May 17, 2024

[redacted], ADMINISTRATOR
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 04/23/2024, 04/24/2024 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 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]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *11/17/1999* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *70* **Waking Staff**: *53*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *04/24/2024*

Inspection Dates and Department Representative

04/23/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *116* **Residents Served**: *68*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *memory care* **Capacity**: *45* **Residents Served**: *31*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *67*

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

Have Mobility Need: *2* **Have Physical Disability**: *1*

Inspections / Reviews

04/23/2024 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/09/2024*

05/08/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/16/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/15/2024*

Inspections / Reviews *(continued)*

05/10/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/16/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/17/2024*

05/17/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/16/2024*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], a medication error occurred involving Resident 1. This incident was not reported to the Department until [redacted].

Repeated Violation - 3/14/23

Plan of Correction ***Accept [redacted] - 05/08/2024)***

The medications were reordered from the facility pharmacy on 2/28/24. Medications were to be delivered, per pharmacy on 2/29/24. Call was placed to pharmacy on 2/29/24 when the medication did not arrive and the assumption was that the medications would be delivered that evening. Medications were not delivered and when pharmacy was notified on 3/4/24, they told our Resident Care Manager (RCM/LPN) that meds were not to be filled by them but from an outside pharmacy. This was not the correct information. The records with pharmacy were corrected on 3/4/24 and the medications were delivered on 3/4/24.
The medication error reportable should have been sent on [redacted] This was an oversight on the part of the RCM and Executive Director (ED).
A double check system was put into place on 5/1/24 by the nursing management and administration. All incidents that are reportable will be called directly to the manager on call or reported immediately to administration, if they are on duty, to alert them to investigate the situation and do the reportable incident within 24 hours.
Education was done on 5/7/24 with all staff persons communicating this policy. Education was done by the ED, RCM, and Assistant Resident Care Manager (ARCM). The educational inservice is attached, as well as the sign in sheet.
The RCM and the ED will ensure ongoing compliance which started on 5/1/24 by reading the 24 hour report and discussing all incidents that require reporting (see attached)

Licensee's Proposed Overall Completion Date: *05/07/2024*

Implemented [redacted] - 05/17/2024)

42b Abuse

2. 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 6:30 pm, banging was heard in the bedroom shared by Residents 2 and 3. Upon entry to the room, a staff person observed Resident 2 hitting Resident 3 with a hairbrush and [redacted] hand.

Repeated Violation - 12/11/23, 11/15/23, 3/14/23

42b Abuse *(continued)*

Plan of Correction ***Accept [redacted] 05/08/2024)***

Both residents 2 and 3 have been at Paramount for over a year and have lived in the same room in memory care. There have not been any issues with behaviors or conflict between the residents until this incident occurred. Both residents have a diagnosis of [redacted] Before the incident and ongoing, resident 2 has had frequent falls that interventions were put into place to prevent. The incident that occurred happened at 6:30pm when both residents tend to become more confused.

Resident 2 hit Resident 1 with a hairbrush and [redacted] hands. The staff intervened in the situation and immediately removed Resident 1 from the room. Resident 2 was calmed down by staff and given 1 on 1 attention which was effective. Resident 1 was kept out of the room for the evening.

When interviewing, Resident 1 and Resident 2 the following day, neither of the residents remembered the incident or felt afraid in any way. Resident 1 was taken back into the shared room and there were no further issues. Frequent checks were done on Resident 2 for 3 days to monitor for any increased behaviors. Both POAs were notified and the appropriate reports were done according to the Act 13 policy. Both physicians were also notified and physician for Resident 2 ordered a UA C+S and an order for a psych eval and treat.

Going forward the staff will continue to follow the same policies of frequent checks of all residents to ensure that there are no negative interactions between any residents. If an instance does occur that there is a negative interaction between residents, the residents will be separated and the manager on call will immediately be notified to investigate. Inservice that occurred on 5/7/24 is attached.

The ED, RCM, and ARCM will ensure compliance by attending care stand up meetings every day with the direct care staff to discuss any behaviors that may lead up to a negative interaction. The 24 hour report is also read every morning by the ED, RCM, and ARCM to ensure there are no issues between residents. Any issues will be discussed and acted upon immediately upon discovery.

Licensee's Proposed Overall Completion Date: *05/07/2024*

Implemented [redacted] - 05/17/2024)

81b - Resident Personal Equipment

3. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident 2 has an enabler bar attached to [redacted] bed. The fabric cover between the two metal loops is damaged as evidenced by a torn corner and a missing metal clip which causes a gap measuring 10" across and about 12" from the top of the mattress. This gap creates a risk of entrapment.

Repeated Violation 12/6/22

Plan of Correction ***Accept ([redacted] - 05/08/2024)***

The enabler bar on Resident 2's bed was missing a metal clip that attached the top of the enabler bar cover to the enabler bar causing a gap. The damaged enabler bar cover was replaced with a new cover on 4/30/24 by the ED.

All enabler bars will be checked on a weekly basis by the managers in the community, starting on 5/13/24 (see attached). All managers are assigned rooms that they will check to see if enabler bars are securely fastened to the bed, covered, and that the covers are in good repair.

All staff were inserviced on 5/7/24 by ED and RCM to check enabler bars when they are in the resident rooms and

81b - Resident Personal Equipment (continued)

caring for the residents. (see attached inservice).
The ED will ensure compliance by monitoring all of the weekly census audit reports after they are handed in by the managers every Friday. If an enabler bar needs to be fixed in any way or replaced, the ED or the Maintenance Manager will replace/fix as needed when discovered.

Licensee's Proposed Overall Completion Date: *05/13/2024*

Implemented [redacted] - 05/17/2024)

82c - Locking Poisonous Materials

4. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A spray bottle of Clorox Clean-Up with a manufacturer's label indicating to call a poison control center or doctor if swallowed, was unlocked, unattended, and accessible to residents in the kitchenette in the secured dementia care unit (SDCU). Residents in the SDCU are not assessed to be safe to use or handle poisonous materials.

Plan of Correction ***Accept [redacted] - 05/08/2024)***

The bottle of Clorox Clean Up was immediately removed from the kitchenette of the memory care unit by the ED during the inspection. All staff were educated in an inservice on 5/7/24 done by the ED. (See attached). They were told that if they see a chemical that is not locked to immediately take the chemical and put in a locked closet or cabinet.
All managers will ensure compliance with this regulation on their weekly rounds by checking all common areas to ensure that there are no unlocked chemicals. (See attached)

Licensee's Proposed Overall Completion Date: *05/13/2024*

Implemented [redacted] - 05/17/2024)

102i - Soap Dispenser

5. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled, used bar of soap in the shower shared by Residents 4 and 5.

Plan of Correction ***Accept [redacted] - 05/08/2024)***

On 5/1/24, plastic bar soap holders with lids were delivered to Paramount. (See attached). A plastic soap bar holder was given to resident 4 by the ARCM and his soap was placed in the soap holder with lid. The container was labeled with Resident 4's name. Resident 4 was instructed and expressed understanding to keep his bar soap in the covered container with his name on it when not in use.
To ensure ongoing complaince, managers will check the showers for soap bars that are not labeled in semi private rooms. This will occur on their weekly room audits (See attached).
Also, all staff were inserviced on 5/7/24 to look for unlabeled bar soap in semi private rooms. If any unlabeled

102i - Soap Dispenser (continued)

soap bars are found they will immediately be put in covered soap dishes and labeled by a manager. (See attached).

Licensee's Proposed Overall Completion Date: *05/13/2024*

Implemented [redacted] - 05/17/2024)

141a - Medical Evaluation

6. Requirements

2600.
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.

Description of Violation

The medical evaluation for Resident 6, completed on [redacted], does not contain the license number or printed name of the medical professional who completed the evaluation.

Plan of Correction ***Accept ([redacted] - 05/08/2024)***

The medical evaluationof Resident 6 was completed by a phyician at the skilled nursing facility where Resident 6 resided before moving to Paramount. The medical evaluation was signed and dated by the physician. The physician did not print his name and failed to put his medical license number on the evaluation.
Going forward, the RCM and ARCM will ensure that the medical evaluation is completely filled out with all of the necessary information (physician's name, signature, date, and medical license number). The ED will do a double check of all medical evaluations upon admission, significant change, and annual to ensure that all necessary information is filled out on the medical evaluation.
If all of the information is not completed, the ED, RCM, or ARCM will communicate with the facility or the physician who filled out the medical evaluation and get corrected information for the evaluation.

Licensee's Proposed Overall Completion Date: *05/01/2024*

Implemented [redacted] - 05/17/2024)

144c1 - Smoking Area Guidelines

7. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home permits smoking in personal vehicles only. At the back of the home there were more than 10 cigarette butts along the driveway near the dumpsters.

Plan of Correction ***Accept ([redacted] - 05/10/2024)***

The cigarette butts were all picked up as of 5/7/24. Paramount Lancaster's smoking policy was updated on 5/9/24 by the ED to reflect the changed smoking policy. (See attached). This policy was placed in the visitor sign in log at the front reception desk and also communicated to staff as a memo in the break room. This was done on 5/9/24 by the ED. A firesafe cigarette disposal container was placed at the rear entrance of the community on 5/7/24 for cigarette butts to be disposed of in, instead of being thrown on the ground. A sign was also placed on 5/7/24 by

144c1 - Smoking Area Guidelines (continued)

the ED at the rear entrance door to alert staff, families, and visitors that this is a smoke free facility and not to dispose of cigarette butts on the ground, but rather in the smoke safe receptacle. A sign was also placed at the front door on 5/7/24 by the ED to alert all that this is a non-smoking facility. This policy of staff only being allowed to smoke in their cars and disposing of their cigarette butts properly was discussed in the inservice on 5/7/24 by the ED. It was also reiterated to staff in this meeting that this building is a smoke free facility and smoking is only allowed in personal cars. (See attached)

Ongoing compliance will be monitored by the ED and the Maintenance Manager in daily rounds of the exterior of the building grounds. Any staff, family member, or visitor not complying with the policy will be re-educated immediately by the ED.

Licensee's Proposed Overall Completion Date: *05/09/2024*

Implemented [redacted] - 05/17/2024)

183b - Meds and Syringes Locked

8. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted], there was an unlocked, accessible tube of Amazon brand [redacted] on the bathroom vanity shared by Residents 4 and 5. On Resident 4's dresser, there was a ½ fluid ounce bottle of [redacted]. Neither resident 4 nor 5 is assessed to be able to self-administer medications.

On [redacted], there were unlocked, unattended, and accessible bottles of [redacted] in Resident 7's bedroom. Upon interview, Resident 7 stated that additional daily medications were kept unlocked in a weekly pill dispenser atop the dresser. Although Resident 7 is assessed to self-administer medications, [redacted] states [redacted] does not lock [redacted] door when [redacted] leaves [redacted] room.

Plan of Correction ***Accept ([redacted] - 05/08/2024)***

The [redacted] and [redacted] were removed from the shared room of Resident 4 and 5 by the ARCM on 5/2/24. It was explained to Resident 4 by the ARCM that his physician has certified on his medical evaluation that [redacted] can not self administer any medications or have any medications n the shared room. Resident expressed understanding.

ED and ARCM spoke with Resident 7 on 5/1/24 regarding her unlocked medications that were found in her room on the date of inspection. [redacted] physician has certified that Resident 7 is capable of self administering medications. ED and ARCM explained to Resident 7 that all of her medications need to be locked and not left out in her room. Resident 7 expressed understanding and going forward will ensure that all medications in room are locked in either a lock box or by locking the door to room when not in the room.

To ensure ongoing compliance, all managers will do weekly rounds starting on 5/13/24 of all resident rooms to check that there are no medications, prescription or over the counter, that are in resident rooms, unless they are deemed able to self administer. In the case of self administration, the meds must be secure and locked. (See attached)

Licensee's Proposed Overall Completion Date: *05/13/2024*

Implemented ([redacted] - 05/17/2024)

184a - Resident's Meds Labeled

9. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The 500 hallway medication cart contained an unlabeled [redacted] bottle of [redacted]. Staff was unable to identify who these eye drops belonged to.

Plan of Correction ***Accept [redacted] - 05/10/2024)***

The 5 ml bottle of [redacted] were immediately disposed of during the inspection by the Med Tech on the medication cart.
All staff were inserviced by the ED, RCM, and ARCM that there cannot be any medication in any med cart that does not have a correct pharmacy label. They are instructed to dispose of any medication that is found in the med cart without a correct label. This inservice occurred with staff on 5/7/24. (See attached)

An audit of all of the medication carts will be completed by the RCM and the ARCM to be completed by May 17, 2024. The audit will ensure that there are no unlabeled medications in any medication cart. To ensure ongoing compliance, RCM and the ARCM will continue to do monthly cart audits on all of the med carts to ensure that all medications have a proper pharmacy label on them.

Licensee's Proposed Overall Completion Date: *05/17/2024*

Implemented [redacted] - 05/17/2024)

227g -Support Plan Signatures

10. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 5's current RASP, completed [redacted], was not signed by the assessor.

Plan of Correction ***Accept [redacted] - 05/10/2024)***

Resident 5's support plan was signed by the RCM (original assessor) on the date of the survey. The lack of the signature on the support plan was an oversight on the part of the RCM.
An audit was completed of all RASPs of all current residents on 5/9/24 by the RCM and the ARCM. All of the RASPs were signed by the assessor and the resident and any others that helped create the plan.
Going forward all support plans will be double checked by the ED before they are placed in the resident's file to make sure that it is complete and signed by all parties that participated in the support plan development.

Licensee's Proposed Overall Completion Date: *05/10/2024*

Implemented [redacted] - 05/17/2024)

254a - Records Discharge/Active

11. 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 4/23/24 at 4:00 pm, an unlocked, unattended, accessible laptop was observed on a medication cart which displayed medication records for Resident 8.

Repeated Violation 11/15/23

Plan of Correction ***Accept [redacted] - 05/08/2024)***

The medication cart laptop was secured and locked by the Med Tech that was on the cart as soon as it was discovered on the day of inspection.
Going forward, the medication cart laptop, when unattended, will be locked and secured on the privacy screen so that it cannot be accessed by anyone other than the person assigned to the cart.
An inservice was done on 5/7/24 by the ED to include reeducation on HIPAA, confidentiality, and record security. (See attached).
To ensure ongoing compliance, the RCM and ARCM will do daily rounds to monitor that all med cart laptops are secured and locked when not in use.

Licensee's Proposed Overall Completion Date: *05/07/2024*

Implemented ([redacted] - 05/17/2024)