

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

August 7, 2024

[REDACTED], COMPLIANCE OFFICER
PARAMOUNT HEALTH RESOURCES LLC
100 KNOEDLER ROAD
PITTSBURGH, PA, 15236

RE: PARAMOUNT SENIOR LIVING AT
SOUTH HILLS
100 KNOEDLER ROAD
PITTSBURGH, PA, 15236
LICENSE/COC#: 43341

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2024, 05/30/2024 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 SOUTH HILLS* License #: *43341* License Expiration: *07/16/2024*
 Address: *100 KNOEDLER ROAD, PITTSBURGH, PA 15236*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *PARAMOUNT HEALTH RESOURCES LLC*
 Address: *100 KNOEDLER ROAD, PITTSBURGH, PA, 15236*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/13/1989* Issued By: *Labor & Industry*
 Type: *Other* Date: *12/13/2018* Issued By: *Baldwin Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *109* Waking Staff: *82*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/30/2024*

Inspection Dates and Department Representative

05/29/2024 - On-Site: [REDACTED]
 05/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *127* Residents Served: *84*

Secured Dementia Care Unit
 In Home: *Yes* Area: *3rd Floor* Capacity: *17* Residents Served: *14*

Hospice
 Current Residents: *11*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *25* Have Physical Disability: *1*

Inspections / Reviews

05/29/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/21/2024*

Inspections / Reviews (*continued*)

06/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/01/2024

07/02/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/09/2024

08/07/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 5/30/24, numerous resident records were unlocked, unattended and accessible in the 1st floor nurses station, including hospice binders, a 24-hour report binder and a shower book containing skin care assessments for multiple residents.

Plan of Correction

Accept (█) - 07/01/2024)

5/30/2024 door was immediately secured, Executive Director (ED) and Resident Care Manager (RCM) talked with staff present to enforce securing unoccupied areas.

On 7/1/2024 all department managers to be educated in HIPPA and ensuring all areas and documents are secured at all times.

By 7/15/2024 nursing staff to be educated on securing nurses station pertinent to HIPPA.

ED will perform daily rounds on 7/15/2024 for 15 days to ensure nurses compliance and understanding with HIPPA.

By 7/31/2024 all staff to be educated in regards to securing all areas and documents in relation to HIPPA.

On 7/31/2024 ED will perform daily rounds for 7 days to ensure all staff understanding and compliance with securing areas and documents related to HIPPA.

Beginning 8/5/2024 ED will provide monthly education to and all current and new staff to ensure understanding and compliance with HIPPA.

Effective 8/1/2024 RCM will begin monthly rounding to ensure understanding and compliance with regulation, indefinitely.

Proposed Overall Completion Date: 07/31/2024

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented (█) - 08/07/2024)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). The secured dementia care unit disclosure

18 - Compliance With Laws (continued)

statement in resident #1's contract uses the term "Assisted Living Facility."

Plan of Correction

Accept () - 06/24/2024

On 5/30/2024 form was immediately corrected to have proper language reflected indicative of the Personal care license.

5/30/2024 Admissions manger educated on proper documentation for personal care.

By 7/15/2024 admissions manager will have all correct forms signed by POA.

On 7/30/2024 ED will complete audit of all secured dementia contracts to ensure correct forms are signed by POA.

ED will perform audit of the next 5 admissions to secure dementia to ensure proper documentation filled and signed.

Licensee's Proposed Overall Completion Date: 07/30/2024

Implemented () - 08/07/2024

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 5/30/24,, there was an unlabeled, 32-ounce spray bottle with clear liquid on the cleaning cart next to bedroom 1008. Staff person A indicated the liquid was Odor Guard. The original product labeling at the home indicated "If swallowed: Start first aid. Immediately call a poison center or physician."

Plan of Correction

Accept () - 07/01/2024

5/30/2024, bottle was immediately affixed with correct label.

5/30/2024 housekeeping manager was educated on proper labeling and storage of all liquids.

On 7/1/2024 all mangers to be educated on proper labeling and storage of all liquids.

By 7/3/2024 housekeeping manger will educate all staff on proper labeling and storage of liquids.

On 7/3/2024 ED will perform weekly audit for 30 days of housekeeping supplies to ensure proper labeling and storage.

Beginning 8/5/2024 housekeeping manager will provide monthly education for labeling and storing of liquids for new and current staff.

Effective 8/1/2024 housekeeping manager will begin monthly checks to ensure safety and understanding of regulation, indefinitely.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented () - 08/07/2024

121a - Unobstructed Egress

4. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 5/29/24, at 10:33 a.m., the emergency exit door leading from the boiler room required a great deal of force to open.

121a - Unobstructed Egress (*continued*)**Plan of Correction**

Accept () - 07/01/2024)

On 5/29/2024 maintenance manger cleared door of obstruction.

By 7/1/2024 all mangers to be educated on keeping all emergency egress's free of obstruction.

On 7/1/2024 maintenance manger to perform weekly checks all of exits to ensure all are free from obstruction and easy to open.

By 7/30/2024 ED will perform weekly checks for 30 days, of all emergency exits to ensure free from obstructions. Beginning 8/5/2024 maintenance manger will provide monthly education for new and current staff in regards to keeping emergency exit free of obstructions.

Effective 8/1/2024 maintenance manager will begin monthly checks of all emergency exits to ensure they remain free from obstructions and not posed risk for safety., indefinitely.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented () - 08/07/2024)

131f - Fire Extinguisher Inspection

5. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

Fire extinguishers in the home have not been inspected since April 2023, including the extinguishers in the kitchen and boiler room.

Plan of Correction

Accept () - 06/24/2024)

Fire Fighters Sales and Service Co. was immediately notified of expired tags.

On 5/30/2024 maintenance manager educated on ensuring tags and up to date.

On 5/31/2024 Fire Fighters came and inspected and replaced all fire extinguisher tags.

By 7/1/2024 all mangers to be educated on ensuring fire safe equipment serviced and properly tagged.

Maintenance manager to perform checks on monthly fire extinguishers to ensure tags, extinguishers present and accessible.

Fire Firefighters Sales and Service and Co has been scheduled for 5/2025 to re-certify all extinguishers before expiration of current tags.

Maintenance manger will verify recertification with Fire Fighters Sale 30 days prior to tags expiring.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented () - 08/07/2024)

184a - Resident's Meds Labeled

6. Requirements

2600.

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

Description of Violation

Resident #2 is ordered Albuterol 0.5mg/2.5mg, inhale every 4 hours as needed, however, the label indicates 2 puffs

184a - Resident's Meds Labeled (continued)

every 6 hours.

Plan of Correction

Accept () - 07/01/2024)

Label and medication was immediately corrected to reflect proper directions as indicated.

On 5/31/2024 RCM and ARCM educated on proper labeling and storage of medication.

By 7/15/2024 education will be provided to all nurses and med techs to ensure proper labels of medications.

7/16/2024 RCM will perform 5 random audits daily for 14 days, to ensure compliance with proper labeling.

By 7/30/2024 all nurses and med techs will be educated to perform weekly audit of carts to ensure all medication present, and properly labeled.

7/31/2024 RCM will perform 5 random audits daily for 14 days, to ensure proper labeling and storage.

Beginning 8/15/2024 ARCM will audit 15 different residents weekly to ensure compliance with audits for a period of 30 days.

Effective 9/15/2024 after completion of weekly check ARCM will begin monthly audits all all carts to ensure proper label and storage, indefinitely.

8/5/2024 RCM and ARCM to provide monthly education to new and current staff of proper storage and labeling of medication.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented () - 08/07/2024)

225a - Assessment 15 Days

7. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment, dated (), for resident #1 does not include the diagnoses of obesity, adult failure to thrive, anxiety, and dry eyes as indicated on the medical evaluation, dated ()

The assessment, dated () for resident #3 does not indicate the resident has a diagnosis of a liver cyst, as indicated on the medical evaluation, dated ()

Plan of Correction

Accept () - 06/24/2024)

5/31/2024 missing diagnoses where immediately added to assessment plan.

6/3/2024 RCM and Assistant Resident Care Manager (RCM) educated on ensuring proper diagnoses added to assessment plan.

Beginning 7/1/2024 RCM and ARCM will complete review and audit of all assessment plans to ensure diagnoses from medical evaluation are correctly noted.

On 8/1/2024 ED will review 15 charts weekly to ensure compliance with assessment plan needs.

ED will audit next 10 assessments, initial or annual to ensure all diagnoses are correctly noted on assessment plan.

9/2/2024 ED will provide monthly re-education to RCM and ARCM with maintain chart compliance.

225a - Assessment 15 Days (continued)

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented () - 08/07/2024)

227d - Support Plan Medical/Dental

8. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan, dated (), for resident #3 does not indicate the resident uses a wheelchair for mobility and is ordered to elevate legs, as indicated in the medical evaluation, dated ()

The support plan, dated (), for resident #4, does not indicate the resident is ordered a wheelchair for mobility, elevating leg rests, and a hospital bed as indicated in the medical evaluation, dated ()

Plan of Correction

Accept () - 06/24/2024)

5/31/2024 missing mobility needs where immediately added to assessment plan.

6/3/2024 RCM and Assistant Resident Care Manager (ARCM) educated on ensuring mobility needs added to assessment plan.

Beginning 7/1/2024 RCM and ARCM will complete review and audit of all assessment plans to ensure mobility needs from medical evaluation are correctly noted.

On 8/1/2024 ED will review 15 charts weekly to ensure compliance with mobility needs.

ED will audit next 10 assessments, initial or annual to ensure mobility needs are added to assessment plan.

9/2/2024 ED will provide monthly education to RCM and ARCM with maintain chart compliance.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented () - 08/07/2024)

251b - Record Entries Legible

9. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident #5's record of financial transactions under the "amount withdrawn" section and 11.00 was written on top over it, and under the "balance" section and 89.00 written on top over it.

Correction fluid was used on resident #6's record of financial transactions under "balances forwarded" section and deposit was written on top over it.

251b - Record Entries Legible (continued)

Plan of Correction**Accept ([REDACTED] - 06/24/2024)**

On 5/31/2024 Business office manager (BOM) educated on proper accounting and correction for all errors.

5/31/2024 BOM meet with resident #5 and #6 (see attached) separately to go over and provide correct accounting of funds stored. #5 and #6 noted no discrepancies and initialed new uncorrected form.

BOM educated if error occurs while documenting funds deposited or withdrawn that ED along with resident will serve as witness to documenting error. BOM will then draw line through error and all parties present will initial acknowledgement and correction of error.

On 7/1/2024 ED will perform weekly audit of all financial documentation to ensure compliance with errors and corrections.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented ([REDACTED] - 08/07/2024)