

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

October 30, 2024

[REDACTED]  
PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC  
[REDACTED]  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/12/2024, 08/23/2024 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 BETHEL PARK      License #: 44088      License Expiration: 07/13/2025  
 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: [REDACTED]  
 Phone: [REDACTED]      Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: 0      Total Daily Staff: 156      Waking Staff: 117

**Inspection Information**

Type: Partial      Notice: Unannounced      BHA Docket #:  
 Reason: Complaint, Incident      Exit Conference Date: 08/23/2024

**Inspection Dates and Department Representative**

08/12/2024 On Site [REDACTED]  
 08/23/2024 Off Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 125      Residents Served: 95

**Secured Dementia Care Unit**

In Home: Yes      Area: 3rd floor      Capacity: 28      Residents Served: 19

**Hospice**

Current Residents: 10

**Number of Residents Who:**

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 95
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 61	Have Physical Disability: 1

**Inspections / Reviews**

08/12/2024 - Partial

Lead Inspector: [REDACTED]      Follow-Up Type: POC Submission      Follow-Up Date: 09/20/2024

Inspections / Reviews *(continued)*

09/23/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/27/2024

10/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/20/2024

10/30/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident [redacted] July 2024 billing invoice, dated [redacted], includes a charge of [redacted] for "Healthful Living 1-Care & Supplies"; however, there is no fee schedule present in resident [redacted] resident-home contract, dated [redacted], outlining this charge.

Plan of Correction

Accept ([redacted] - 10/01/2024)

By 10/4/24, All department managers will be educated by Executive Director on the importance of checking the contract for all required forms, review the current fee schedule and review that any type of monetary changes to contract should have an addendum attached and signed by the resident, this is to ensure that Paramount is in compliance with regulation. Documentation will be kept.

By 10/20/2024 E.D. or designee will audit all current contracts for compliance with regulation. Documentation will be kept.

Resident #1 discharged on 07/15/2024.

Starting 9/16/2024 E.D. or designee will audit next 5 admissions for compliance of regulation. Documentation will be kept.

by 10/20/24 the E.D./designee will implement a tracking system to ensure that all current contracts have the addendums in the contract, this will ensure compliance with this regulation. Documentation kept. The tracking system will be checked by E.D. or designee weekly for 1 month, then monthly for 3 months. Documentation will be kept.

The Violation report will be reviewed on next quarterly meeting scheduled for October 20, 2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ([redacted] - 10/30/2024)

25c10 - Advance Notice

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 10. A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

Description of Violation

Resident [redacted] resident-home contract, dated [redacted], indicates a charge of [redacted] for personal care-level II services

25c10 - Advance Notice (continued)

and a charge of [redacted]/month for healthful living-level I incontinence supplies. An addendum to resident [redacted] resident-home contract, signed by staff person A on [redacted], indicates a charge of [redacted]/day for personal care-level II services and a charge of [redacted]/month for healthful living level I incontinence supplies; however, the addendum is not signed by resident [redacted] and no other documentation is present indicating resident [redacted] was provided at least a 30 day advance written notice for this change to resident [redacted] resident-home contract. Resident [redacted] March 2024 billing invoice, dated [redacted], includes billing charges for the new rates.

Plan of Correction

Accepted [redacted] 10/01/2024)

Resident [redacted] contract did state the following under 3.3 Modification of Charges- Paramount reserves the right to change from time to time the amount of its charges or how and when its charges are computed, billed or become due. Paramount will provide thirty(30) days advance written notice of any such changes. The current prevailing charges and fees for Paramount services are reflected in this agreement. As such time as Paramount modifies the prevailing charges, the change will be implemented by providing you with a written copy of a notice of change in charges, which will describe the proposed changes in the prevailing charges, and such notice will constitute an amendment of this agreement. ( See attachment A).

By 10/4/24, All department managers will be educated by Executive Director on the importance of giving at least a 30 day notice to the resident of any changes to the home's contract, including fee schedule and services. This is to ensure that Paramount is in compliance with regulation. Documentation will be kept.

Resident [redacted] CTB on 03/26/2024. Refund not issued on time was due to continued conversations with family on amount owed. Moving forward, all refunds will be issued within 30 days of discharge date.

By 10/20/2024 Executive Director/designee will audit all current contracts to ensure all changes to contracts are signed by resident 30 days in advance. A tracking system will be implemented to ensure that all current contracts are in compliance. documentation kept. The tracking system will be checked by E.D. or designee weekly for 1 month, then monthly for 3 months. Documentation will be kept.

The Violation report will be reviewed on next quarterly meeting scheduled for October 20, 2024. Documentation will be kept.

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [redacted] - 10/30/2024)

28e - Death of a Resident

3. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident s estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101 10226.107). The home shall keep documentation of the refund in the resident's record.

## 28e - Death of a Resident (continued)

**Description of Violation**

Resident [REDACTED] passed away on resident [REDACTED] date of death. Resident [REDACTED] belongings were removed from the home on [REDACTED]; however, a refund was not issued to resident [REDACTED] estate until [REDACTED].

**Plan of Correction****Directed ( [REDACTED] - 10/01/2024)**

By 10/4/24, All department managers will be educated by Executive Director on the importance of giving at least a 30 day notice to the resident of any changes to the home's contract, including fee schedule and services. This is to ensure that Paramount is in compliance with regulation. Documentation will be kept. (DIRECTED: The education with all department managers shall also include the home's procedures for issuing refunds to ensure timely refunds are issued to resident's estate in accordance with the Elder Care Payment Restitution Act. [REDACTED] 10/1/24).

Resident [REDACTED] CTB on 03/26/2024. Refund not issued on time was due to continued conversations with family on amount owed. Moving forward, all refunds will be issued within 30 days of discharge date.

By 10/20/2024 Executive Director/designee will audit all current contracts to ensure all changes to contracts are signed by resident 30 days in advance. A tracking system will be implemented to ensure that all current contracts are in compliance. documentation kept. The tracking system will be checked by E.D. or designee weekly for 1 month, then monthly for 3 months. Documentation will be kept.

DIRECTED: Beginning on 10/4/24: The administrator shall review the records of the next 5 residents who pass away to ensure timely refunds are issued to the resident's estate in accordance with the Elder Care Payment Restitution Act. [REDACTED] 10/1/24

The Violation report will be reviewed on next quarterly meeting scheduled for October 20, 2024. Documentation will be kept.

Proposed Overall Completion Date: 09/30/2024

Directed Completion Date: 10/20/2024

**Implemented ( [REDACTED] - 10/30/2024)**

28e - Death of a Resident (continued)

42b - Abuse

4. 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

Resident [redacted] was admitted to the home's secured dementia care unit (SDCU) on [redacted]. On [redacted], resident [redacted] was last seen in the SDCU at approximately 4:00 PM. At approximately 5:00 PM, resident [redacted] could not be located in the SDCU and the police were contacted. At approximately 10:00 PM, police found resident [redacted] unattended and walking along a road in town. At approximately 10:30 PM, resident [redacted] was returned to the home. Resident [redacted] medical evaluation, date 4/23/24, indicates resident [redacted] has a diagnosis of [redacted] with behavior disturbances and requires SDCU care. Resident [redacted] most recent assessment, dated 7/10/24, indicates resident [redacted] requires extensive supervision and resident [redacted] most recent support plan, dated [redacted], indicates resident # [redacted] requires regular supervision in the home, cannot leave the home unattended, staff persons will provide regular supervision to resident [redacted] while in the home and will frequently visualize resident [redacted] in the SDCU. According to resident [redacted]s progress notes, resident [redacted] has displayed exit-seeking behaviors in the SDCU on numerous occasions, to include the following:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Directed [redacted] - 10/01/2024)

On 7/24/24 signage was posted in elevators and on secured unit doors on the procedure for entering and exiting the secured unit.

On 7/24-7/26/24 all staff was educated on signage in elevators, secured unit doors and the procedure for entering and exiting the secured unit. Documentation kept.

By 10/4/2024 All staff will be education by Executive Director on types of interventions to be used with an exit seeking resident, redirection and types of behaviors with dementia. Documentation will be kept.

By 10/20/24, all residents residing on the secured dementia care unit will be reassessed by Executive Director/designee for supervision level and changed documented as necessary. Documentation will be kept. All staff will be educated by 10/20/24 regarding regulation, supervision of the resident on secured dementia care, and proper entering and exiting of the secured dementia care unit. documentation will be kept. iolation will be reviewed on next quarterly meeting scheduled in October 20, 2024. Documentation will be kept.

DIRECTED; By 10/5/24: The administrator shall re-assess resident [redacted] supervision needs to ensure the home can still meet the resident's needs. Resident [redacted] assessment and support plan shall be updated to include additional supervision needs by 10/5/24. A copy of resident [redacted] updated assessment and support plan shall be kept in resident [redacted] record and be accessible to all direct care staff persons in accordance with 2600.227i. [redacted] 10/1/24

42b - Abuse (continued)

DIRECTED: Beginning on 10/20/24: The administrator shall review documentation for all residents with exit-seeking behaviors at least monthly to ensure the home can continue to meet resident needs. Any additional interventions that need provided to keep residents safe shall be updated on their assessments and support plans at the time of review. [REDACTED] 10/1/24

Proposed Overall Completion Date: 09/30/2024

Directed Completion Date: 10/20/2024

Implemented [REDACTED] - 10/30/2024)

65i - Training Record

5. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of training titled, "Instructions on Entering and Exiting the M.C. unit", which is dated [REDACTED] does not include the source or length of the training. These sections of the training record are blank.

The home's record of training titled, "Memory Care Education", which is dated [REDACTED], does not include the content of the course, source or length of the training. These sections of the training record are blank.

Plan of Correction

Accept [REDACTED] - 10/01/2024)

On 8/12/24 violation corrected by filling in the location of the training form.

By 10/4/24 All department managers will be educated by Executive Director on how to fill out a training form, make sure all lines are filled in correctly. Documentation will be kept.

By 10/20/24, E.D. or designee will audit all records of training provided by facility to ensure that the form is completed correctly. A tracking system will be implemented. It will be checked monthly for 3 months.

iolation report will be reviewed in the next quality management meeting on October 20, 2024.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] - 10/30/2024)

225c - Additional Assessment

6. Requirements

2600.

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

- 1. Annually.

## 225c - Additional Assessment (continued)

**Description of Violation**

Resident [REDACTED] medical evaluation, dated [REDACTED], includes a diagnosis of Dementia with behavioral disturbance; however, resident [REDACTED] most recent assessment, dated [REDACTED], indicates a diagnosis of [REDACTED] without behavioral disturbances.

On [REDACTED], resident [REDACTED] was prescribed a mechanical soft diet with ground meats and pureed vegetables; however, this diet is not indicated on resident [REDACTED] most recent assessment, dated [REDACTED].

**Plan of Correction****Accept [REDACTED] - 10/01/2024)**

On 8/12/24 Resident [REDACTED] Medical Evaluation and Assessment was updated by Resident Care Manager to reflect current diagnosis and diet. Documentation kept.

By 10/04/24 All department managers will be educated by Executive Director on comparing the Medical Evaluation and Assessment to make sure the information matches on both and reviewing each section of the 2 forms to ensure that staff understand the importance of the 2 forms reflecting the same information. Documentation will be kept.

By 10/20/24 Executive Director/designee will audit all current resident Medical Evaluation and Assessment to ensure that the Diagnosis's and diet match on both form. A tracking system will be implemented by Executive Director/designee weekly for 1 month, then monthly for 3 months to ensure compliance of the regulation. Documentation will be kept.

Violation report will be reviewed on the next quarterly meeting scheduled in October 20, 2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/30/2024

**Implemented [REDACTED] - 10/30/2024)**

## 231e - No Objection Statement

**7. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**Description of Violation**

Resident [REDACTED] was admitted to the home's SDCU on [REDACTED]; however, documentation was not obtained from resident [REDACTED] indicating the resident has not objected to the admission to the SDCU until [REDACTED]

**Plan of Correction****Accept [REDACTED] - 10/01/2024)**

On 8/12/24 violation corrected by resident signing consent for admission to the dementia unit. Documentation kept.

By 10/4/24 All department managers will be educated by Executive Director on the importance of having the resident sign the no objection statement to be in the secured unit. Documentation will be kept.

By 10/20/24, E.D. or designee will audit all charts of residents who reside in the secured unit to ensure that a consent for admission to the unit is signed by resident and POA/responsible party. Documentation will be kept.

Through 10/31/24, E.D. or designee will audit all secured dementia care unit admissions for compliance with

231e - No Objection Statement (continued)

regulation. A tracking system will be implemented by Executive Director/designee weekly for 1 month, then monthly for 3 months to ensure compliance of the regulation. Documentation will be kept.

iolation report will be reviewed on the next quarterly meeting scheduled in October 20, 2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( [REDACTED] - 10/30/2024)