

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

October 23, 2024

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

RE: PARAMOUNT SENIOR LIVING AT
LANCASTER COUNTY
2760 MAYTOWN ROAD
MAYTOWN, PA, 17550
LICENSE/COC#: 33390

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/22/2024 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]

[REDACTED] Bureau of Human Service Licensing

Facility Information

Name: *PARAMOUNT SENIOR LIVING AT LANCASTER COUNTY* License #: 33390 License Expiration: 08/15/2025
 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: [Redacted]
 Phone: [Redacted] Email: [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: 109 Waking Staff: 82

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: 0
 Reason: *Incident* Exit Conference Date: 08/22/2024

Inspection Dates and Department Representative

08/22/2024 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 116 Residents Served: 73

Secured Dementia Care Unit
 In Home: Yes Area: SDU Capacity: 48 Residents Served: 30

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 72
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 36 Have Physical Disability: 1

Inspections / Reviews

08/22/2024 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: 09/14/2024

09/20/2024 - POC Submission
 Submitted By: [Redacted] Date Submitted: 10/21/2024
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: 10/21/2024

Inspections / Reviews *(continued)*

10/23/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2024

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 6:30 am, Staff Member B and C witnessed Staff Member A standing over Resident [redacted] yelling profanity and derogatory statements to the resident such as, "you smell sour and disgusting" while Resident [redacted] was laying on the floor after having fallen from [redacted] wheelchair. After Staff Member B and C assisted Resident [redacted] in getting back to [redacted] Broda chair, Staff Member A then administered [redacted] of [redacted] to Resident [redacted], instead of the prescribed [redacted] of [redacted]. Staff Member A was heard saying, [redacted] getting it all. I don't care.", and [redacted] tried to spit it out, but I shoved it back in there."

On [redacted] at approximately 1:00 am, Resident [redacted] wandered into Resident [redacted] room. Staff Member D heard a loud banging noise and proceeded to investigate. Upon entry into Resident [redacted] room, Staff Member D witnessed Resident [redacted] tugging on Resident [redacted] arm. The two residents were separated and assessed by staff. As a result of the incident, Resident [redacted] sustained an abrasion on [redacted] nose, a small scratch to [redacted] forehead and a small scratch under [redacted] left eye.

Repeated Violation - 4/23/24, et al, 12/11/23, and 11/15/23

Plan of Correction

Accept ([redacted] - 09/20/2024)

1. Staff member A was suspended on [redacted] pending investigation.
2. Staff member A was terminated on [redacted] at the conclusion of the investigation.
3. On 5/14/24 all nursing staff were educated on Verbal Abuse and on 9/10/24 all nursing staff was educated on Abuse in general by the ED and RCM (Documentation will be kept)
4. On 6/11/24 staff were educated by the RCM on rounding every 2 hours on residents and closing/locking Resident 3's door after rounding/providing care per his preference.
5. On 10/8/24 all staff will be educated again by the ED and RCM on Abuse and nursing staff will be educated again on every 2 hour rounding and closing/locking Resident [redacted] door. (Documentation will be kept)
6. Starting the week of 9/16/24 the RCM or designee will observe 10 random resident/staff interactions weekly x1 month then quarterly x1 year. (Documentation will be kept)
7. Starting the week of 9/16/24 the RCM or designee will do 10 random audits weekly x1 month then quarterly x1 year to make sure Resident [redacted] door is closed/locked.
8. Starting October 2024 this process will be monitored quarterly in QA or 1 year.

Proposed Overall Completion Date: 10/14/2024

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented ([redacted] 10/23/2024)

187d - Follow Prescriber's Orders

2. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] ([REDACTED]) every 8 hours as needed for respiratory rate >20 or for moderate to severe pain. However, on 5/5/24, Resident [REDACTED] was administered [REDACTED] of [REDACTED] for pain level of 0.

Plan of Correction

Accept [REDACTED] - 09/20/2024)

1. Staff member A was suspended on [REDACTED] pending investigation
2. Staff member A was terminated on [REDACTED] at the conclusion of the investigation.
3. On 5/14/24 and 9/10/24 all staff that administer medications were educated by the ED and RCM on the need to read MD orders and administer the correct dose of prn medications for the appropriate reason. (Documentation will be kept)
4. Staff will be re-educated again by the ED and RCM regarding administration of medications per MD orders on 10/8/24. (Documentation will be kept)
5. Starting the week of 9/16/24 the RCM will audit 10 residents for appropriate administration of prn medications will be completed weekly x1 month then quarterly x1 year. (Documentation will be kept) Starting in October 2024 this process will be monitored quarterly in QA for 1 year.

Proposed Overall Completion Date: 10/14/2024

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented [REDACTED] - 10/23/2024)

202 - Prohibitions

3. Requirements

2600.
202. The following procedures are prohibited:

4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] ([REDACTED]) every 8 hours as needed for respiratory rate >20 or for moderate to severe pain. According to Staff Members B and C's written statements, Staff Member A administered [REDACTED] of [REDACTED] on 5/5/24 to control Resident [REDACTED] behaviors. Staff Member A identified Resident [REDACTED] pain level as a "0" on the resident's medication administration record (MAR) when Staff Member A administered the [REDACTED] to the resident.

Plan of Correction

Accept [REDACTED] 09/20/2024)

1. Staff member A was suspended on [REDACTED] pending investigation.
2. Staff member A was terminated on [REDACTED] at the conclusion of the investigation.
3. On 5/14/24 and 9/10/24 all staff that administer medications were educated by the ED and RCM regarding medications being administered for reasons noted in MD orders not to control behaviors. (Documentation will be kept)
4. On 10/8/24 staff will be educated again by the ED and RCM regarding administration of medications per MD orders. (Documentation will be kept)
5. Starting the week of 9/16/24 the RCM will audit 10 residents for appropriate administration of prn

202 - Prohibitions (continued)

medications will be completed weekly x1 month then quarterly x1 year. (Documentation will be kept)

6. Starting October 2024 this process will be monitored quarterly in QA or 1 year.

Proposed Overall Completion Date: 10/14/2024

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented [REDACTED] - 10/23/2024)