

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

March 27, 2025

[REDACTED]  
PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC  
[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 01/22/2025 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: *I-1* Date: *10/29/2009* Issued By: *Municipality of Bethel Park*  
 Type: *I-2* Date: *10/29/2009* Issued By: *Municipality of Bethel*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *144* Waking Staff: *108*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *01/22/2025*

**Inspection Dates and Department Representative**

01/22/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *125* Residents Served: *89*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *3rd floor North* Capacity: *28* Residents Served: *17*

**Hospice**  
 Current Residents: *11*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *89*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *55* Have Physical Disability: *0*

**Inspections / Reviews**

01/22/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/13/2025*

02/19/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *03/26/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/25/2025*

Inspections / Reviews (*continued*)

## 02/20/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/25/2025

## 03/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/25/2025

## 03/27/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42s - Privacy

**1. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

On [REDACTED] at approximately 6:00 PM, resident [REDACTED] reported a bracelet and hoop earrings were missing from resident [REDACTED] bedroom. A few days later, staff person A was assisting resident [REDACTED] with care when resident [REDACTED] noticed staff person A was wearing resident [REDACTED] bracelet on [REDACTED] left wrist. Resident [REDACTED] had not given staff person A permission to use or take the bracelet.

**Plan of Correction**

Accept [REDACTED] - 02/19/2025)

1. On [REDACTED] Staff Person A was terminated from employment after investigation confirmed staff person A was in possession of Resident [REDACTED] item. (see attachment 1).
2. On 2/10/25, all department managers were educated by Executive Director on the Resident Right to privacy of self and possessions. (see attachment 2).
3. By 2/28/25, all staff will be educated by Executive Director or Department Manager on the Resident Right to privacy of self and possessions. (documentation will be kept).
4. Starting weekly on 2/16/25, Executive Director will interview 15 residents per week to ensure continued compliance with Resident Right to self and possessions through week of 3/30/25. (documentation will be kept).
5. On the next Quality Assurance meeting scheduled for 3/25/25, an update on compliance of resident right and compliance with POC will be reviewed (documentation will be kept).

Licensee's Proposed Overall Completion Date: 04/05/2025

Implemented [REDACTED] 03/27/2025)

## 141a 1-10 Medical Evaluation Information

**2. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

Resident [REDACTED] medical evaluation, dated [REDACTED], does not include resident [REDACTED] height, weight, pulse rate, blood pressure, temperature, medical diagnoses, body positioning or the type of medical evaluation that was completed.

## 141a 1 10 Medical Evaluation Information (continued)

These sections of resident [REDACTED] medical evaluation are blank.

## Plan of Correction

Accept [REDACTED] - 02/19/2025)

1. On 1/23/25, a new Annual medical evaluation was completed. (see attachment 3).
2. On 2/10/25, the Resident Care Manager and Assistant Resident Care Manager were educated on proper completion and compliance with medical evaluation. (see attachment 4).
3. By 2/28/25, all current resident medical evaluations will be audited by Executive Director and Resident Care Manager to ensure compliance. (documentation will be kept).
4. Starting 2/13/25, the Executive Director will audit the next 10 completed medical evaluations. (documentation will be kept).
5. On the next Quality Assurance meeting scheduled for 3/25/25, an update on compliance of medical evaluation completion and compliance with POC will be reviewed. (documentation will be kept)

Licensee's Proposed Overall Completion Date: 03/25/2025

Implemented [REDACTED] 03/27/2025)

## 187d - Follow Prescriber's Orders

## 3. Requirements

2600.

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

## Description of Violation

Resident [REDACTED] is currently prescribed 2 liters of continuous oxygen via nasal cannula. At 2:53 PM, an agent of the Department entered resident [REDACTED] bedroom, where resident [REDACTED] was yelling, "help me, help me. I am having trouble breathing". At the time, resident [REDACTED] was lying in [REDACTED] bed in [REDACTED] bedroom and [REDACTED] oxygen nasal cannula was lying in resident [REDACTED] living room next to [REDACTED] recliner. Resident [REDACTED] indicated [REDACTED] had been without [REDACTED] oxygen for the last 20 minutes, because the staff persons forgot to put the oxygen nasal cannula back on resident [REDACTED] after resident #1 was transferred to [REDACTED] bed to use the bed pan.

## Plan of Correction

Accept [REDACTED] 02/19/2025)

1. While agent of the department was in resident room, the Assistant Resident Care Manager applied resident [REDACTED] oxygen.
2. On 2/10/25, Executive Director educated the Resident Care Manager and Assistant Resident Care Manager regarding following prescribers orders and oxygen management. (see attachment 5).
3. By 2/28/25, all nursing staff will be educated on following prescribers orders and oxygen management. (documentation will be kept).
4. Starting week of 2/10/25 through week of 3/30/25, Executive Director and Resident Care Manager will audit 10 resident MARS and interview 10 residents to ensure prescribers orders and oxygen management are being following (documentation will be kept).
5. On the next Quality Assurance meeting scheduled for 3/25/25, an update on compliance of following prescribers orders, oxygen management and compliance with POC will be reviewed. (documentation will be kept).

Licensee's Proposed Overall Completion Date: 03/25/2025

187d Follow Prescriber's Orders (*continued*)*Implemented* [REDACTED] - 03/27/2025)

## 225a Assessment 15 Days

**4. 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**

Resident [REDACTED] medical evaluation, dated [REDACTED] includes diagnoses of pain, dry eyes, constipation, fungal infection, gout and anxiety; however, these diagnoses are not indicated on the resident [REDACTED] assessment, dated [REDACTED].

The documentation attached to resident [REDACTED] medical evaluation, dated [REDACTED], includes behaviors of tearfulness, flat affect, and verbalization of sadness. Resident [REDACTED] progress notes indicate resident [REDACTED] has thrown herself out of bed and has indicated self-harm. However, resident [REDACTED] assessment, dated [REDACTED] indicates resident [REDACTED] has no behavioral or cognitive needs.

Resident [REDACTED] medical evaluation, dated [REDACTED], includes diagnoses of [REDACTED], multiple [REDACTED]; however, these diagnoses are not indicated on resident [REDACTED] assessment, dated [REDACTED].

**Plan of Correction***Directed* [REDACTED] - 02/20/2025)

1. On 1/23/25, an annual RASP was completed for resident [REDACTED] to include information on medical evaluation. (see attachment 6)
2. On 1/23/25, current RASP was updated for resident [REDACTED] to include missing information from medical evaluation (see attachment 7).
3. On 2/10/25, Executive Director educated Resident Care Manager and Assistant Resident Care Manager on completion of initial assessment (see attachment 8).
4. By 2/28/25, Executive Director and Resident Care Manager will audit all current initial assessments for compliance and inclusion of information from medical evaluation. (documentation will be kept).
5. Starting 2/13/25, Executive Director will audit the next 5 initial assessments for compliance. (Documentation will be kept).
6. Executive Director or Resident Care Manager will review and sign all initial assessments to ensure compliance. (DIRECTED: Beginning on 2/24/25: The Executive Director/Resident Care Manager shall review all new initial assessments within 48 hours of completion to ensure accuracy and completeness. [REDACTED] 2/20/25).
7. On the next Quality Assurance meeting scheduled for 3/25/25, an update on compliance of initial assessments and compliance with POC will be reviewed. (documentation will be kept).

Proposed Overall Completion Date: 03/25/2025

Directed Completion Date: 03/25/2025

*Implemented* [REDACTED] - 03/27/2025)

## 227d - Support Plan Medical/Dental

**5. 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**

Resident [REDACTED] is currently prescribed 2 liters of continuous oxygen via nasal cannula; however, resident [REDACTED] support plan, dated [REDACTED] only indicates to "administer O2 per MD orders".

**Plan of Correction****Directed [REDACTED] - 02/20/2025)**

1. On 1/23/25, an annual RASP was completed for resident [REDACTED] to include oxygen management instructions/parameters. (see attachment 6).
2. On 2/10/25, Resident Care Manager and Assistant Resident Care Manager were educated on completion and compliance with support plans (see attachment 9)
3. By 2/28/25, Executive Director and Resident Care Manager will audit all current initial assessments for compliance and inclusion of information from medical evaluation. (documentation will be kept).
4. Starting 2/13/25, Executive Director will audit the next 10 completed support plans for compliance. (Documentation will be kept).
5. Executive Director or Resident Care Manager will review and sign all support plans to ensure compliance. (DIRECTED: Beginning on 2/24/25: The Executive Director/Resident Care Manager shall review all new initial support plans within 48 hours of completion to ensure accuracy and completeness. [REDACTED] 2/20/25).
6. On the next Quality Assurance meeting scheduled for 3/25/25, an update on compliance of support plans and compliance with POC will be reviewed. (documentation will be kept).

Proposed Overall Completion Date: 03/25/2025

Directed Completion Date: 03/25/2025

**Implemented [REDACTED] - 03/27/2025)**