

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

May 21, 2025

[REDACTED], DIRECTOR OF COMPLIANCE  
PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC  
5785 BAPTIST ROAD  
BETHEL PARK, PA, 15102

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/15/2025, 04/16/2025 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: *5785 BAPTIST ROAD, BETHEL PARK, PA, 15102*  
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 Park*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *163* Waking Staff: *122*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *04/16/2025*

**Inspection Dates and Department Representative**

04/15/2025 - On-Site: [REDACTED]  
04/16/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
License Capacity:	<i>125</i>	Residents Served:	<i>97</i>
<b>Secured Dementia Care Unit</b>			
In Home:	<i>Yes</i>	Area:	<i>3 RD FLOOR</i>
Capacity:	<i>19</i>	Residents Served:	<i>19</i>
<b>Hospice</b>			
Current Residents:	<i>6</i>		
<b>Number of Residents Who:</b>			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>97</i>
Diagnosed with Mental Illness:	<i>2</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>66</i>	Have Physical Disability:	<i>0</i>

**Inspections / Reviews**

04/15/2025 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/08/2025*

Inspections / Reviews (*continued*)

## 05/12/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/15/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/16/2025

## 05/21/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/15/2025

Reviewer: [REDACTED] Follow-Up Type: Not Required

## 103f - Refrigerator/Freezer Temps

## 1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

## Description of Violation

On 4/15/2025, at 11:45 am, the temperature in the refrigerator in the kitchen prep area measured 48 degrees Fahrenheit.

## Plan of Correction

Accept (█ - 05/12/2025)

- On 04/15/2025 it was discovered refrigerator was set on defrost setting. Refrigerator was reset and there were no more issues.
- By 05/09/2025 Executive Director educated the Dietary Manager on food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit.
- By 05/14/2025 all dietary staff will be educated by Dietary Manager or designee on food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit.
- Starting weekly on 05/18/2025 Dietary Manager or designee will audit food refrigeration to ensure continued compliance with food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit through week of 06/15/2025 (documentation will be kept).
- On the next Quality Assurance meeting scheduled for June 17, 2025, an update on compliance of food refrigeration temperatures and compliance with POC will be reviewed (documentation will be kept).

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented (█ - 05/21/2025)

## 105g - Lint Removal and Duct Cleaning

## 2. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

## Description of Violation

On 4/15/2025, at 11:22 am, there was an approximate 1/8 inch accumulation of blue lint in the lint trap of the dryer in the 2nd floor laundry room. There were no clothes in the dryer at the time.

## Plan of Correction

Accept (█ - 05/12/2025)

- On 04/15/2025 accumulated blue lint in the lint trap of the dryer in the 2nd floor laundry room was removed.
- By 05/09/2025 Executive Director will educate the Housekeeping Director on removing lint from the lint trap and drum of clothes dryer after each use.
- By 05/14/2025 all housekeeping staff will be educated by Housekeeping Director or designee on removing lint from the trap and drum of clothes dryer after each use.
- By 05/16/2025 a flyer will be distributed to residents and visitors to remove lint from the lint trap and drum of clothes dryer after each use.
- Starting weekly on 05/18/2025 Housekeeping Director or designee will check lint trap twice daily to ensure continued compliance with lint removal from the lint trap and drum of clothes dryer after each use through the week of 06/15/2025.

105g - Lint Removal and Duct Cleaning (continued)

- On the next Quality Assurance meeting scheduled for June 17, 2025, an update on compliance of lint removal and compliance with POC will be reviewed (documentation kept).

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented (█) - 05/21/2025

183b - Meds and Syringes Locked

3. 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 4/15/2025, at 11:20 am, the medication cart in the second-floor hallway across from the nurse's station was unlocked, unattended and accessible to residents and visitors.

Plan of Correction

Accept (█) - 05/12/2025

- On 04/15/2025 medication cart in the second-floor hallway was secured.
- By 05/09/2025 Executive Director will educate Resident Care Manager and Assistant Resident Care Manager regarding keeping stored medications and syringes in a locked cart.
- By 05/14/2025 Resident Care Manager or designee will educate all nursing staff on keeping stored medications and syringes in a locked cart.
- Starting weekly on 05/18/2025 Resident Care Manager or designee will observe 5 medication passes to ensure compliance of keeping stored medications and syringes in a locked cart through the week of 06/15/2025 (documentation kept).
- On the next Quality Assurance meeting scheduled for June 17, 2025, an update on compliance of keeping stored medications and syringes in a locked cart and compliance with POC will be reviewed (documentation kept).

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented (█) - 05/21/2025

184a - Resident's Meds Labeled

5. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

There was no pharmacy label on resident #1's unopened Lantus Solostar Pen 100u/ml injectable prefilled syringe. The pen was only labeled with the resident's name.

184a - Resident's Meds Labeled (continued)

**Plan of Correction**

Accept (█) - 05/12/2025

- On 04/16/2025 a pharmacy label was placed on Resident #1's unopened Lantus Solostar Pen 100u/ml injectable prefilled syringe.
- By 05/09/2025 Executive Director will educate Resident Care Manager and Assistant Resident Care Manager regarding prescription medications shall be labeled with a pharmacy label to include: resident's name, name of the medication, date the prescription was issued, prescription dosage and instructions for administration, and the name and title of the prescriber.
- By 05/26/2025 Resident Care Manager/Designee will educate all nursing staff (Nurses and Med Techs) regarding prescription medications shall be labeled with a pharmacy label to include: resident's name, name of the medication, date the prescription was issued, prescription dosage and instructions for administration, and the name and title of the prescriber.
- Starting weekly on 05/18/2025 Resident Care Manager or designee will audit medications on one medication cart to ensure compliance with prescription medications labeled with a pharmacy label through the week of 06/15/2025 (documentation kept).
- On the next Quality Assurance meeting scheduled for June 17, 2025, an update on compliance of prescription medications labeled with a pharmacy label and compliance with POC will be reviewed (documentation kept).

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented (█) - 05/21/2025

185a - Implement Storage Procedures

**6. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

On 4/16/2025, at approximately 11:50 am, resident #1's glucometer was not calibrated to the correct date or time.

Multiple resident's glucometers contained readings that did not match the blood glucose reading recorded on the resident's April 2025 medication administration record (MAR) including the following:

Resident #2

<u>Date and Time</u>	<u>Glucometer Reading</u>	<u>MAR Recording</u>
4/10/2025 9:00 pm	no reading	176
4/12/2025 5:00 pm	no reading	227
4/12/2025 9:00 pm	no reading	206
4/13/2025 8:35 am	117	none
4/13/2025 8:55 am	205	none
4/13/2025 8:59 am	237	none
4/14/2025 8:17 am	333	none
4/14/2025 8:15 am	127	none
4/14/2025 4:27 pm	169	none
4/14/2025 4:37 pm	511	none
4/14/2025 4:39 pm	538	none

## 185a - Implement Storage Procedures (continued)

Resident #3

<u>Date and Time</u>	<u>Glucometer Reading</u>	<u>MAR Documentation</u>
4/12/2025 4:24 pm	357	169
4/12/2025 4:34 pm	237	none
4/12/2025 9:00 pm	221	none
4/13/2025 4:36 pm	226	212
4/13/2025 4:40 pm	413	none
4/13/2025 9:00 pm	none	168

REPEAT VIOLATION 7/10/2023 et al.

**Plan of Correction**

Accept (█ - 05/12/2025)

- By 05/09/2025 Resident #2 and Resident #3 glucometers will be re-calibrated.
- By 05/12/2025 Resident Care Manager will re-educate all nurses and Med Techs regarding proper use of a resident's individual glucometers, correct times, dates and correct readings are being documented.
- Starting weekly on 05/18/2025 Resident Care Manager/Designee will audit all glucometers and Medication Mar documentation to ensure compliance with individual glucometers, correct times, dates and correct readings are being documented. through the week of 06/15/2025 (documentation kept).
- Starting weekly on 05/18/2025 Resident Care Manager/Designee will audit Blood Sugar recordings for correct reading, right times, dates, correct results are documented through the week of 06/15/2025 (documentation kept)
- On the next Quality Assurance meeting scheduled for June 17, 2025, an update on compliance of use of medical equipment by trained staff and compliance with POC will be reviewed (documentation kept).

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented (█ - 05/21/2025)