

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

June 9, 2025

[REDACTED], ADMINISTRATOR
PARAMOUNT SENIOR LIVING AT FAYETTEVILLE LLC
[REDACTED]
[REDACTED]

RE: PARAMOUNT SENIOR LIVING AT
STONEBROOK
6361 CHAMBERSBURG ROAD
FAYETTEVILLE, PA, 17222
LICENSE/COC#: 33384

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2025 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PARAMOUNT SENIOR LIVING AT STONEBROOK* License #: *33384* License Expiration: *04/09/2026*
 Address: *6361 CHAMBERSBURG ROAD, FAYETTEVILLE, PA 17222*
 County: *ADAMS* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT FAYETTEVILLE LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *01/12/2017* Issued By: *Franklin Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/30/2025*

Inspection Dates and Department Representative

04/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *44* Residents Served: *30*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

04/30/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/22/2025*

05/28/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/04/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/04/2025*

Inspections / Reviews *(continued)*

06/09/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/04/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 4/17/25 from 6:30 PM to 10:30 PM there were two staff persons present in the home to provide care to 30 residents. These staff persons were not trained and certified in first aid and CPR.

Plan of Correction

Accept () - 05/28/2025)

63a.- First Aid/CPR Training

- 1. On 4/30/25 all the schedules were checked to ensure there is appropriate staff with CPR and first aid working on every shift.
- 2. A class was scheduled for CPR on 5/13/25, staff that did not have their CPR or first aid were placed in that class.
- 3. Facility Cooperate nurse educated the ED on scheduling and ensuring staff are up to date on their CPR/First Aid on 5/21/2025. (Documentation will be filed)
- 4. ED or designee will audit the schedules weekly x1 month, then monthly x1 year. (Documentation will be filed)
- 5. Starting June 2025, this documentation will be reviewed quarterly in QA x1 year. (Documentation will be filed)

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented () - 06/09/2025)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 has bedside mobility devices installed on both sides of their bed. The bedside mobility devices have uncovered openings measuring 16" x 6", which poses entrapment risks to the resident.

Repeated Violation-05/21/24, et al

Plan of Correction

Accept () - 05/28/2025)

81b.- Resident Personal Equipment

- 1. Resident #1's bed enabler was covered immediately on 4/30/2025
- 2. Resident #1 was educated that covering must stay on enabler.
- 3. ED or designee will educate all staff by 5/30/2025 regarding making sure enabler bars are always covered for safety. (Documentation will be filed)
- 4. Staff will document QShift that the enabler is covered in PCC.
- 5. Starting the week of May 26, 2025, all existing and newly ordered enablers will be monitored weekly x1 month then quarterly x1 year. (Documentation will be filed)
- 6. Starting June 2025, this documentation will be reviewed quarterly in QA x1 year. (Documentation will be filed)

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented () - 06/09/2025)

81b - Resident Personal Equipment (continued)

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drill conducted on 10/26/24 had an evacuation time of 5 minutes, 5 seconds which exceeds the maximum safe evacuation time of 5 minutes provided by the fire safety expert.

Plan of Correction

Accept ([redacted] - 05/28/2025)

132d.- Evacuation

- 1. On 5/21/2025 the ED educated the maintenance director on ensuring evacuations are with in the time appointed by the Fire Department. (Documentation will be filed)
- 2. Starting the week of 5/26/25, the ED or designee will audit fire drill documentation monthly x1 year(Documentation will be filed)
- 3. Starting June 2025, this documentation will be reviewed quarterly in QA x1 year. (Documentation will be filed)

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented ([redacted] - 06/09/2025)

183b - Meds and Syringes Locked

4. 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 04/30/25 at 2:45PM there was a tube of Butenafine Hydrochloride Cream on the bathroom sink in bedroom [redacted] belonging to resident #2. The medication was unlocked unattended, and accessible as the bedroom door was open, and the resident was not in the room.

Repeated Violation-05/21/24, et al

Plan of Correction

Accept ([redacted] - 05/28/2025)

183b.- Meds and Syringes Locked

- 1. The medication was immediately removed from room [redacted] on 4/30/25.
- 2. Resident was educated on keeping medications locked when allowed to have them in [redacted] room.
- 3. ED or designee will educate the staff that medications/treatments are not to be left unlocked when in resident's rooms by 5/30/2025. (Documentation will be filed)

183b - Meds and Syringes Locked (continued)

4. Starting the week of 5/26/25, the ED or designee will complete 5 room audits for medications/treatments weekly x1 month, then quarterly x1 year. (Documentation will be filed)
5. Starting June 2025, this documentation will be reviewed quarterly in QA x1 year. (Documentation will be filed)

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented (█) - 06/09/2025)

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:

Description of Violation

Resident #3 is prescribed Cooling Pain Gel 4% apply topically to left knee every 8 hours as needed for pain. The pharmacy label on this medication is not legible.

Plan of Correction

Accept (█) - 05/28/2025)

184a.- Resident's Meds Labeled

1. On 4/30/2025 Resident #3's medication was reordered d/t label no longer being legible.
2. ED or designee will educate the staff on the importance of pharmacy labels being legible, and if not notifying the pharmacy by 5/30/2025 (Documentation will be filed)
3. Starting the week of 5/26/2025, the ED or designee will complete an audit on 5 residents to ensure all pharmacy labels are legible weekly x1 month, then quarterly x1 year. (Documentation will be filed)
4. Starting June 2025, this documentation will be reviewed quarterly in QA x1 year. (Documentation will be filed)

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented (█) - 06/09/2025)

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

Resident #2's glucometer was cross-referenced with the Medication Administration Record. Although the blood sugar (BS) readings on the glucometer matches the MAR, the dates and times on the glucometer do not match the dates and approximate times of those BS readings on the MAR such as the following:

- On 04/26/25, the MAR shows BS reading 251 at 07:46am; the glucometer shows BS reading 251 dated 06/13 at 3:06am.
- On 04/26/25, the MAR shows BS reading 383 at 11:01am; the glucometer shows BS reading 383 dated 06/13 at 6:24am.
- On 04/26/25, the MAR shows BS reading 381 at 4:30pm; the glucometer shows BS reading 381 dated 06/13 at 11:56am

185a - Implement Storage Procedures (continued)

- On 04/26/25, the MAR shows BS reading 460 at 8:06pm; the glucometer shows BS reading 460 dated 06/13 at 3:32pm

Resident #3 is prescribed Sulfatrim 800mg/160/mg take 1 tablet orally twice daily (antibiotic therapy). This medication was not found in the medication cart or otherwise in the home.

The following glucometer readings were not found documented on resident #4's Medication Administration Record or otherwise documented.

- 4/23/25, BS reading of 190 at 8:28pm
- 4/24/25, BS reading of 213 at 7:21pm
- 4/25/25, BS reading of 116 at 9:04pm
- 4/26/25, BS reading of 426 at 6:35pm
- 4/27/25, BS reading of 188 at 7:31pm
- 4/28/25, BS reading of 252 at 6:39pm

Plan of Correction

Accept (█ - 05/28/2025)

185a.- Implement Storage Procedures**Resident #2:**

1. Resident #2's glucometer was immediately calibrated to the correct time and date.
2. ED or designee will educate all the staff on making sure all the glucometers are calibrated correctly when being used by 5/30/2025. (Documentation will be filed)
3. Starting the week of 5/26/2025, the ED or designee will complete an audit on glucometers weekly x1 month, then monthly x1 year. (Documentation will be filed)
4. Starting June 2025, this documentation will be reviewed quarterly in QA x1 year. (Documentation will be filed)

Resident #3:

1. Resident #3's medication was immediately ordered from the pharmacy.
2. ED or designee will educate the staff that all medications must be available for administration by 5/30/2025. (Documentation will be filed)
3. Starting the week of 5/26/2025, the ED or designee will complete an audit on 5 residents to ensure all prescribed medications are available weekly x4 then monthly x1 year. (Documentation will be filed)
4. Starting June 2025, this documentation will be reviewed quarterly in QA x1 year. (Documentation will be filed)

Resident #4:

1. Order was obtained for PRN blood sugar checks.
2. ED or designee will educate the staff on the importance of documenting all blood sugars if gotten PRN by 5/30/2025.
3. Starting the week of 5/26/2025, the ED or designee will complete an audit on resident's glucometer weekly x4, then monthly x1 year.
4. Starting June 2025, this documentation will be reviewed quarterly in QA x1 year.

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented (█ - 06/09/2025)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 3. Name of medication.

Description of Violation

Resident #3 is prescribed the following medications which were found in the medication cart but were not listed on the resident's Medication Administration Record.

- Acetaminophen Tab 325mg take two tablets orally every 6 hours as needed for pain.
- Mucinex D Max take 1 tablet orally every 12 hours as needed for congestion.
- Ricola Cough Lozenge, dissolve 1 lozenge every 6 hours as needed for cough/sore throat

Plan of Correction

Accept () - 05/28/2025)

187a.- Medication Record

1. Resident #3's medications that were found with out an order were disposed with resident's permission.
2. ED or designee will educate the staff on the importance of having a doctor's order for all medications in the med cart by 5/30/2025. (Documentation will be filed)
3. Starting the week of 5/26/2025, the ED or designee will complete an audit on 5 residents to ensure the medications in the medication cart match the doctor's orders weekly x1 month, then quarterly x1 year. (Documentation will be filed)
4. Starting June 2025, this documentation will be reviewed quarterly in QA x1 year. (Documentation will be filed)

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented () - 06/09/2025)

225a - Assessment 15 Days

8. 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 for resident #2, dated [redacted], indicates the resident uses a rollator walker to transfer and ambulate in/out of bed/chair. On 04/30/25 a bedside mobility device was observed installed on both sides of the resident's bed. The resident's assessment, dated 11/29/24, does not mention the device and does not include the specific need for the device, the intended use and any risks associated with such use, the resident's ability to use the device safely for its intended purpose, and an identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Resident #5's assessment dated [redacted] does not document that the resident can self-administer medications with assistance in offering medications at the prescribed times, as documented on resident #5's medical evaluation dated [redacted]

Plan of Correction

Accept () - 05/28/2025)

225a.- Assessment 15 Days

225a - Assessment 15 Days (continued)

Resident #2:

- 1. Resident #2's RASP was updated on 4/30/25 to show the bed enabler added.
- 2. Facility Cooperate Nurse educated the ED on importance of updating the RASP on 5/21/2025. (Documentation will be filed)
- 3. Starting 5/26/2025, the ED or designee will audit 5 resident's RASPs for updates weekly x4, then quarterly x1 year. (Documentation will be filed)
- 4. Starting June 2025, this documentation will be reviewed monthly in QA x1 year. (Documentation will be filed)

Resident #5:

- 1. Resident #5's PCP was faxed to get updated order to self-medicate with out reminders on 5/21/25.
- 2. Once order obtained RASP will be updated.
- 3. Facility Cooperate Nurse educated the ED on importance of updating the RASP on 5/21/2025. (Documentation will be filed)
- 4. Starting 5/26/2025, the ED or designee will audit 5 resident's RASPs to ensure they are up to date weekly x4, then monthly x1 year. (Documentation will be filed)
- 5. Starting June 2025, this documentation will be reviewed monthly in QA x1 year. (Documentation will be filed)

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented () - 06/09/2025)

227c - Support Plan Revision

9. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #6's assessment dated () does not include an assessment for the resident's dental needs.

Plan of Correction

Accept () - 05/28/2025)

227c. -Support Plan Revision

- 1. Resident #6's assessment was updated with dental needs on 4/30/2025.
- 2. Facility Cooperate Nurse educated the ED on importance of updating the RASP on 5/21/2025. (Documentation will be filed)
- 3. Starting 5/26/2025, the ED or designee will audit 5 resident's RASPs to ensure they are up to date weekly x4, then monthly x1 year. (Documentation will be filed)
- 4. Starting June 2025, this documentation will be reviewed monthly in QA x1 year. (Documentation will be filed)

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented () - 06/09/2025)

251c - Standardized Forms

10. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

251c - Standardized Forms (continued)

Description of Violation

Resident #4's medical evaluation dated [REDACTED], was not completed on the Department's current standardized form required by Chapter 2600.

Plan of Correction

Accept ([REDACTED] - 05/28/2025)

251c.- Standardized Forms

1. Resident #4's DME was completed on the appropriate form on 5/1/2025
2. Facility Cooperate Nurse educated the ED on importance of using the correct DME form on 5/21/2025. (Documentation will be filed)
3. Starting 5/26/2025, the ED or designee will audit 5 resident's DMEs to ensure they are on the correct form weekly x4, then monthly x1 year. (Documentation will be filed)
4. Starting June 2025, this documentation will be reviewed monthly in QA x1 year. (Documentation will be filed)

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented ([REDACTED] - 06/09/2025)