

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

May 1, 2026

[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 03/04/2026, 03/05/2026 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 LANCASTER COUNTY License #: 33390 License Expiration: 08/15/2026
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 & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 118 Waking Staff: 89

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
Reason: Renewal, Complaint Exit Conference Date: 03/05/2026

Inspection Dates and Department Representative

03/04/2026 - On-Site: [Redacted]
03/05/2026 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 116 Residents Served: 78
Secured Dementia Care Unit
In Home: Yes Area: SDU Capacity: 44 Residents Served: 31
Hospice
Current Residents: 6
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 40 Have Physical Disability: 0

Inspections / Reviews

03/04/2026 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/20/2026
03/20/2026 - POC Submission
Submitted By: [Redacted] Date Submitted: 04/30/2026
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/27/2026

Inspections / Reviews *(continued)*

03/26/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/30/2026

05/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at 9:06 AM, a controlled drug record containing residents' medical information, including for Resident [redacted] was unlocked, unattended, and accessible on the home's medication cart located near the dining room.

Repeated Violation - [redacted], et al

Plan of Correction

Accept [redacted] - 03/26/2026)

- 1. On 3/4/26 narc book was immediately removed from top of cart and secured in narc drawer by MT.
- 2. On 3/19/26 ED and ARCM educated staff on ensuring controlled record containing resident medical information remains in locked cart when not in use.
- 3. On 4/16/26 all staff with be re-educated by the ED and ARCM regarding keeping resident information secure. Documentation will be kept.
- 4. Starting week of 3/23/26 ED will do an audit daily x 1 month than 3x/week x 3months than monthly for 1 year to ensure documents are in appropriate areas. Documentation will be kept.
- 5. Starting April 2026, this process will be monitored quarterly in QA for 1 year. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 05/01/2026)

20b6 Interest Bearing Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest bearing account in the resident's name at a local Federally insured financial institution. This does not include security deposits.

Description of Violation

The home held money for Resident [redacted] from [redacted] during which time the balance of those funds did not fall below [redacted]. The home has not offered the resident assistance in establishing an interest-bearing account.

Plan of Correction

Accept [redacted] - 03/26/2026)

- 1. On 3/5/26 Resident [redacted] POA was contacted by ED about resident's funds, explained to POA due to balance in account we could assist in setting up an interest-bearing account with the local bank, declined at this time an interest-bearing account. POA came in on 3/5/26 and withdrew money leaving remaining balance of \$85 in account. Documentation will be kept in resident business file.
- 2. On 3/5/2026 education provided to business office manager about interest bearing accounts and petty cash balances.
- 3. Starting week of 3/23/26 ED will audit petty cash balances as well as attempts to offer assistance in establishing an interest-bearing account to make sure these encounters are being documented and filed monthly x 1 year. Documentation will be kept

20b6 Interest Bearing Account (continued)

4. Starting April 2026, this process will be monitored quarterly in QA for 1 year. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (██████) 05/01/2026)

141b1 - Annual Medical Evaluation**3. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident ██████ current medical evaluation, dated ██████ did not indicate the resident's needs can be met at the personal care home.

Repeated Violation ██████, et al

Plan of Correction

Accept (██████) 03/20/2026)

1. ED educated RCM and ARCM on all information that is to be provided on an Annual Medical Evaluation on 3/6/26
2. On 3/12/26 Resident #3 medical evaluation was signed by provider and marked that needs could be met at personal care home
3. Starting week of 3/23/26 the ED or Designee will audit 5 Annual Medical Evaluations for completion weekly x 4 weeks than 5 random Annual medical evaluations quarterly x 1 year
4. Starting April 2026, this process will be monitored quarterly in QA for 1 year

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (██████) - 05/01/2026)

183e - Storing Medications**4. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On ██████ at approximately 10:52 AM, 2 loose pills were observed the home's medication cart.

On ██████ the Novolog insulin injection pen prescribed for Resident ██████ did not contain the date of when the pen was opened.

Repeated Violation ██████ et al

183e - Storing Medications (continued)

Plan of Correction

Accept [REDACTED] - 03/26/2026)

1. On 3/4/26 loose pills destroyed per facility policy by MT and ARCM.
2. On 3/4/26 Resident [REDACTED] insulin was replaced and dated with open date on 3/6/26 by MT on cart.
3. On 3/19/26 ED and ARCM educated staff on proper storage of medications, dating insulin syringes for open dates and to check for loose pills in the medication cart. Documentation will be kept.
4. On 4/16/26 ED and ARCM will reeducate staff on proper storage of medications, dating insulin syringes with open dates and to check for loose pills in the medication cart. Documentation will be kept.
5. Starting week of 3/23/26 ARCM will conduct weekly cart audits making sure there is no loose pills, and open dates on insulin syringes x 1 month then audits will be conducted monthly. Documentation will be kept.
6. Starting April 2026, this process will be monitored quarterly in QA for 1 year. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 05/01/2026)

185a - Implement Storage Procedures

5. 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 [REDACTED] the following discrepancies were observed between the blood sugar readings in Resident [REDACTED] glucometers and the blood sugar readings documented in Resident [REDACTED]'s February 2026 medication administration record (MAR):

- On [REDACTED] at 5:00 AM, the blood sugar reading documented in the resident's MAR was [REDACTED]. However, this reading was not in the resident's glucometer.
- On [REDACTED] at 4:00 PM, the blood sugar reading documented in the resident's MAR was [REDACTED]. However, the blood sugar reading in the resident's glucometer was [REDACTED].
- On [REDACTED] at 4:00 PM, the blood sugar reading documented in the resident's MAR was [REDACTED]. However, this reading was not in the resident's glucometer.
- On [REDACTED] at 5:00 AM, the blood sugar reading documented in the resident's MAR was [REDACTED]. However, the blood sugar reading in the resident's glucometer was [REDACTED].

On [REDACTED] the following discrepancies were observed between the blood sugar readings in Resident [REDACTED] glucometers and the blood sugar readings documented in Resident [REDACTED]'s February 2026 MAR:

- On [REDACTED] at 7:30 AM, the blood sugar reading documented in the resident's MAR was [REDACTED]. However, the blood sugar reading in the resident's glucometer was [REDACTED].
- On [REDACTED] at 7:30 AM, the blood sugar reading documented in the resident's MAR was [REDACTED]. However, this reading was not in the resident's glucometer.
- On [REDACTED] at 12:00 PM, the blood sugar reading documented in the resident's MAR was [REDACTED]. However, the blood sugar reading in the resident's glucometer was [REDACTED].
- On [REDACTED] at 8:00 PM, the blood sugar reading documented in the resident's MAR was [REDACTED]. However, the blood sugar reading in the resident's glucometer was [REDACTED].

Resident [REDACTED] is prescribed Refresh Tears as needed. On [REDACTED] this medication was not available in the home.

Resident [REDACTED] is prescribed Guai DM cough syrup as needed. On [REDACTED] this medication was not available in the home.

185a Implement Storage Procedures (continued)

Resident [REDACTED] is prescribed [REDACTED], [REDACTED] and [REDACTED] as needed. On [REDACTED], these medications were not available in the home.

Repeated Violation [REDACTED], et al

Plan of Correction

Accept [REDACTED] 03/20/2026)

1. Resident # [REDACTED] Refresh tears reordered on 3/4/26 and current in facility
2. Resident # [REDACTED] Guai DM cough syrup reordered on 3/4/26, PCP discontinued due to none use
3. Resident # [REDACTED] Acetaminophen 500mg reordered on 3/4/26. PCP faxed and discontinued Clindamycin and Loperamide due to non use.
4. On 3/19/26 ED and ARCM educated staff on ensuring the correct documentation on BS are transcribed to the EMAR system. Staff educated on reordering PRN medications to ensure medications are available in the home if a need is identified.
5. On 4/16/26 ED and ARCM will reeducate staff on ensuring the correct documentation on BS are transcribed to the EMAR system. Staff educated on reordering PRN medications to ensure medications are available in the home.
6. Starting week of 3/23/26 ARCM will audit 5 blood sugar results weekly x 1 monthly then audits will be completed monthly. 5 random resident PRN medication will be audited weekly with cart audits x 1 month than monthly. Documentation will be kept
7. Starting April 2026, this process will be monitored quarterly in QA for 1 year. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 05/01/2026)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] with orders to inject 15 units subcutaneously at bedtime. However, this medication was not administered to the resident on [REDACTED] at 8:00 PM.

Plan of Correction

Accept [REDACTED] - 03/20/2026)

1. On 3/19/26 ED and ARCM educated staff on following directions of the prescriber

187d - Follow Prescriber's Orders (continued)

2. On 4/16/26 Staff will be redicated by ED and ARCM on following directions of the prescriber
3. Starting week of 3/23/26 ARCM will audit compliance of following directions of the prescriber weekly x 1 month than monthly for 1 year by reviewing 5 random resident EMAR records. Documentation will be kept.
4. Starting April 2026, this process will be monitored quarterly in QA for 1 year. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 05/01/2026)

225a - Assessment 15 Days**7. 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] initial medical evaluation, dated [REDACTED] includes the following medical diagnoses: [REDACTED]
[REDACTED] However, these diagnoses are not included on the resident's initial assessment, dated [REDACTED].

Repeated Violation - [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 03/26/2026)

1. Resident [REDACTED] assessment plan updated 3/6/26 by ED.
2. ED educated RCM and ARCM on the importance of accurate information needed on the assessment plans on 3/6/26. Documentation will be kept
3. Starting week of 3/23/26 the ED will audit 5 resident assessment plans for completion and obtaining all medical diagnosis weekly x 4 weeks than 5 random assessment plans quarterly x 1 year.
4. Starting April 2026, this process will be monitored quarterly in QA for 1 year.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 05/01/2026)

227d - Support Plan Medical/Dental**8. 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.

227d - Support Plan Medical/Dental (continued)

Description of Violation

Residents # [REDACTED] utilizes a bedside mobility device to aid in repositioning and transferring in/out of bed. However, the resident's current support plan, dated [REDACTED], does not include the following information:

- The specific need for the device.
- The intended use and any risks associated with the use.
- The resident's ability to use the device safely for the purpose it was intended.
- Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Residents [REDACTED] utilizes a bedside mobility device to aid in repositioning and transferring in/out of bed. However, the resident's current support plan, dated [REDACTED], does not include the following information:

- The specific need for the device.
- The intended use and any risks associated with the use.
- The resident's ability to use the device safely for the purpose it was intended.
- Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Repeated Violation - [REDACTED], et al

Plan of Correction

Accepted [REDACTED] - 03/26/2026)

1. Resident [REDACTED] support plan updated 3/6/26 by ED.
2. Resident [REDACTED] support plan updated 3/6/26 by ED.
3. ED educated RCM and ARCM on the correct practice of addressing all adaptive equipment utilized by the resident on 3/6/26. Documentation will be kept.
4. Starting the week of 3/23/26 the ED will audit 5 resident assessment plans for adaptive equipment to be included with specific need for the device, intended use and risks associated with the use, the resident's ability to use the device safely and identification of the specific device used and whether a cover is required weekly x 4 weeks than 5 random assessment plans quarterly x 1 year. Documentation will be kept.
5. Starting April 2026, this process will be monitored quarterly in QA for 1 year.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 05/01/2026)