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

July 15, 2026

[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 04/20/2026, 04/21/2026, 04/22/2026 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 BETHEL PARK* **License #**: *44088* **License Expiration**: *07/13/2026*

**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**: *120* **Waking Staff**: *90*

## Inspection Information

**Type**: *Full* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Renewal, Complaint* **Exit Conference Date**: *04/22/2026*

## Inspection Dates and Department Representative

*04/20/2026 - On-Site:* [redacted]
*04/21/2026 - On-Site:*
*04/22/2026 - On-Site:*

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *125* **Residents Served**: *82*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *3rd Floor North* **Capacity**: *28* **Residents Served**: *14*

### Hospice

**Current Residents**: *0*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *82*

**Diagnosed with Mental Illness**: *0* **Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *38* **Have Physical Disability**: *0*

## Inspections / Reviews

**04/20/2026 Full**

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/10/2026*

**05/18/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *06/29/2026*

**Reviewer:** [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *05/22/2026*

**05/26/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *06/29/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/30/2026*

**07/15/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *06/29/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Not Required*

## 25c8 - Smoking

**1. Requirements**

2600.
25.c. At a minimum, the contract must specify the following:
8. The home's rules related to home services, including whether the home permits smoking.

**Description of Violation**

*The resident-home contracts for numerous residents, including resident #5's resident-home contract, dated [redacted], and resident #6's resident-home contract, dated [redacted] indicate the home is a smoke-free facility and that residents, staff and visitors may only smoke in their vehicles or off facility property. However, according to the home's smoking policy, smoking is permitted in designated locations outside and according to the home's administrator, the resident designated smoking area is by the turn-around in the front of the building.*

**Plan of Correction** ***Accept ([redacted] - 05/18/2026)***

*1. On 5/8/26, The home's smoking policy has been updated to reflect the home rules located in the contract. The home is a smoke free facility and that residents, staff, and visitors may only smoke in their vehicles or off facility property. (we will submit the revised policy).*
*2. A memorandum, clarifying the homes smoking rules and policy, will be posted from 5/14/26 through 6/30/26 at the front desk and at the time clock. (we will submit the memo).*
*3. By 5/12/26, all staff will be educated on smoking policy.*
*4. On 6/9/26, during Resident Council the smoking policy will be reviewed.*
*5. On 6/30/2026, the compliance will be reviewed during the quarterly QA meeting.*
*6. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/15/2026)***

## 88a - Surfaces

**2. Requirements**

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

*On 4/20/26 at 1:09pm, the 3rd floor lobby stairwell fire door did not securely close into the door frame. According to the most recent documentation from a fire safety expert, dated 2/19/26, this stairwell is a fire-safe area.*

**Plan of Correction** ***Accept ([redacted] - 05/18/2026)***

*1. On 4/24/26, Maintenance Manager repaired the 3rd floor lobby stairwell fire door to securely close into the door frame. Also, all other fire doors were confirmed to securely close into the door frame.*
*2. On 4/24/26, Maintenance Manager was educated on regulation, specifically proper closing and securing of fire doors.*
*3. Starting 5/1/26, Maintenance Manager or designee will complete Monthly inspections of all Fire Doors to ensure compliance with regulation and identify any repairs/adjustments that need made. Documentation will be kept monthly*
*4. On 6/30/2026, the compliance will be reviewed during the quarterly QA meeting.*
*5. All documentation will be kept.*

## 88a - Surfaces (continued)

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( - 07/15/2026)***

## 89b - Hot Water Temperature

**3. Requirements**

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

*On 4/20/26 at 10:53am, the hot water temperature at the common bathroom sink outside the main dining room was 122.3 degrees Fahrenheit.*

*On 4/20/26 at 11:45am, the hot water temperature at the 2nd floor common bathroom sink near bedroom #223 was 122.5 degrees Fahrenheit.*

*On 4/20/26 at 11:53am, the hot water temperature at resident #1's private bathroom sink was 131.3 degrees Fahrenheit.*

*On 4/20/26 at 1:04pm, the hot water temperature at resident #2's private bathroom sink was 123.2 degrees Fahrenheit.*

**Plan of Correction** ***Accept ( - 05/26/2026)***

*1 On 4/21/26, Maintenance Manager adjusted mixing valve to decrease water temperature. Rechecked temperatures Resident rooms #1- and #2-bathroom sink, common bathroom sink outside main dining room, and 2nd floor common bathroom sink near room #223 were in compliance of 117 degrees after adjustment.*
*2. On 4/24/26, Maintenance Manager was educated on compliance with regulation.*
*3. Starting 4/24/26, Maintenance Manager or designee will check hot water temperatures of 2 random sources twice daily Monday through Friday for 2 weeks to ensure compliance. Temperatures above 120 degrees will be adjusted and Executive Director will be notified.*
*4. Starting 5/11/26, Maintenance Manager or designee will check hot water of 2 random sources weekly to ensure compliance. Temperatures above 120 degrees will be adjusted and Executive Director will be notified.*
*5. 4. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*6. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( - 07/15/2026)***

## 91 - Telephone Numbers

**4. Requirements**

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

## 91 - Telephone Numbers *(continued)*

**Description of Violation**

*On 4/20/26, there were no emergency telephone numbers posted on or by the telephone on the nightstand in resident #2's bedroom.*

**Plan of Correction** ***Accept ( - 05/18/2026)***

*1. On 4/21/26, emergency telephone numbers were posted on resident #2's nightstand.*
*2. On 4/22/26, Housekeeping Manager was educated on compliance with regulation.*
*3. By 4/24/26, Housekeeping Manager audited all areas of the facility including resident rooms, common areas, and administrative areas to ensure emergency telephone numbers were posted by each telephone with an outside line.*
*4. Starting 4/27/26, Housekeeping Manager will inspect 10 resident rooms daily Monday through Friday using a Housekeeping Daily Inspection Report to ensure compliance.*
*5. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*6. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( - 07/15/2026)***

## 101j7 - Lighting/Operable Lamp

**5. Requirements**

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*On 4/20/26 at 11:24am, no operable lamp or other source of lighting was present within reach of resident #6's bed.*

*On 4/21/26 at approximately 3:30pm, resident #5's lamp was approximately 3' away from resident #5's bed and could not be turned on/off from bedside.*

**Plan of Correction** ***Accept ( - 05/26/2026)***

*1. On 4/21/26, resident #2's lamp was moved closer to bed and is acessable from a lying position in the bed.*
*2. On 4/22/26, Housekeeping Manager was educated on compliance with regulation.*
*3. By 4/24/26, Housekeeping Manager audited all resident rooms to ensure compliance with regulation.*
*4. Starting 4/27/26, Housekeeping Manager will inspect 10 resident rooms daily Monday through Friday using a Housekeeping Daily Inspection Report to ensure compliance.*
*5. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*6. All documentation will be kept.*

*Proposed Overall Completion Date: 06/30/2026*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( - 07/15/2026)***

## 103g - Storing Food

**6. Requirements**

2600.
103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*On 4/20/26 at 10:45am, there was an open and unsealed box of frozen hamburger patties, approximately 3/4 full, present in the main kitchen walk-in freezer.*

**Plan of Correction** ***Accept ( - 05/18/2026)***

*1. On 4/20/26, Dietary Manager sealed the bag of frozen hamburger patties within the box upon notification from surveyor.*
*2. On 4/20/26, Dietary Manager was educated on compliance with regulation.*
*3. By 4/27/26, all cooks were educated on compliance with regulation.*
*4. Starting 4/27/26, Dietary Manager will complete the Food Service Manager Morning Daily Walkthrough daily when in attendance, which includes ensuring food is properly stored, sealed, dated, and disposed of if applicable.*
*5. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*6. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( - 07/15/2026)***

## 141a - Medical Evaluation

**7. 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.

**Description of Violation**

*Resident #6's medical evaluation includes numerous, duplicate pages which include two different dates of and indicating when the medical evaluation was completed on. Resident #6's medical evaluation is dated as signed on by the medical professional who completed the medical evaluation. Resident #6 was admitted to the home on*

**Plan of Correction** ***Accept ( - 05/26/2026)***

*1. On 4/20/26, upon notification from surveyor that Resident #6's medical evaluation included duplicate pages with 2 different dates the Executive Director contacted the medical professional who verified the exam took place on (progress note on chart). The Executive Director corrected this on the DME.*
*2. On 5/5/26, the Resident Care Manager and Assistant Resident Care Manager was educated that all DMEs for new residents must be completed 60 days prior to admission or 30 days after admission.*
*3. Starting 5/4/26 the Executive Director or designee will review all new resident charts the day after admission using the Admission Manager Checklist to ensure and document compliance.*
*4. By 6/1/26, the Resident Care Manager or designee will audit all current resident charts to ensure compliance.*

## *141a Medical Evaluation (continued)*

*5. On 6/30/26, the compliance will be reviewed during quarterly QA meeting.*
*6. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( - 07/15/2026)***

## 141b1 - Annual Medical Evaluation

**8. Requirements**

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

*Resident #5's most recent medical evaluation is dated ; however, is also dated as completed by the medical professional who completed the medical evaluation on*

**Plan of Correction** ***Accept ( - 05/18/2026)***

*1. Upon notification from surveyor that Resident #5's DME had date for the examination 1 day after the date of the medical professional's signature, the Executive Director contacted the medical professional who verified the exam took place on and not as indicated on the DME. The Executive Director corrected this on the DME.*
*2.On 5/5/26, Resident Care Manager and Assistant Resident Care Manager were educated on compliance with the regulation, specifically on the date the resident evaluated, date form completed, and date signed.*
*3. By 5/28/26, Executive Director or designee will audit all current resident DMEs to confirm compliance.*
*4. Until 6/30/26, Executive Director will review and initial all completed DMEs to ensure compliance.*
*5. Starting 5/5/26, all DMEs completed will be recorded on the DME/RASP Tracker indicating compliance with annual medical evaluation. Resident Care Manager will audit binder monthly to ensure compliance.*
*6. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*7. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( - 07/15/2026)***

## 183b - Meds and Syringes Locked

**9. 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 4/20/26 at 11:25am, the following medications were unlocked, unattended and accessible in resident #6's bedroom:*

- *2 bottles of Nystatin powder 100,000unit/gram*
- *Derma Gran wound cleanser*

## 183b Meds and Syringes Locked (continued)

- *Povidone Iodine 10% topical solution*

*According to resident #6's assessment, dated [redacted] resident #6 is unable to self administer medications.*

*On 4/20/26 at 11:34am, a bottle Nystatin powder 100,000unit/gram was unlocked, unattended, and accessible in resident #7's bedroom. According to resident #7's most recent assessment, dated [redacted] resident #7 is unable to self administer medications.*

*On 4/20/26 at 1:04pm, 3 bottles of Ammonium lactate 12% lotion were unlocked, unattended and accessible in resident # 2's private bathroom. According to resident #2's medical evaluation, dated [redacted] resident #2 is unable to self administer medications.*

*REPEAT VIOLATION: 4/15/2025, et. al.*

**Plan of Correction** ***Accept ([redacted] - 05/18/2026)***

*1. On 4/20/26, upon notification of medications noted in resident's rooms, the Executive Director removed the medications.*
*2. On 5/5/26, Resident Care Manager and Assistant Resident Care Manager were educated on compliance with regulation.*
*3. On 5/5/26, all nurses and med techs were educated on compliance that all prescription medications, OTC medications, CAM and syringes must be kept in an area or container that is locked, including those in resident rooms.*
*4. On 5/12/26, the Executive Director will educate all residents of regulation 2600.183 (b).*
*5. By 6/1/26, the Resident Care Manager or designee will inspect all resident rooms to ensure prescription medications, OTC medications, CAM and syringes are not present in resident rooms except those who self administer their medications.*
*6. Starting 6/1/26, the Resident Care Manager or designee will inspect 5 resident rooms weekly for the presence of medications or syringes x4 weeks.*
*7. Will also go over again in Resident Council Meeting 6/9/26 and place memorandum at the front desk.*
*8. On 6/30/26, the compliance will be reviewed during the quarterly QA&A meeting.*
*9. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/15/2026)***

## 183d - Prescription Current

**10. Requirements**

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*On 4/21/26, there were 2 medication cards of Vitamin D3 25mcg tablets for resident #10 present in the home's medication cart; however, this medication was discontinued on 3/13/26.*

## 183d Prescription Current *(continued)*

**Plan of Correction** ***Accept ([redacted] - 05/18/2026)***

*1. On 4/21/26, upon notification of the discontinued vitamin D3 medication cards located in the cart, the Assistant Resident Care Manager removed the cards.*
*2. On 5/5/26, Resident Care Manager and Assistant Resident Care Manager were educated on compliance with regulation, confirmation of order process, and med cart audit process.*
*3. On 5/5/26, all Nurses and Medication Technicians will be educated on compliance of regulation and confirmation of orders process to ensure accurate medications in cart.*
*4. By 6/1/26, all medication carts will be audited by Executive Director or Nurse Management to ensure compliance.*
*5. Starting 6/1/26, Executive Director or designee will audit one medication cart per week using the Medication Cart/Room Audit form.*
*6. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*7. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/15/2026)***

## 183e - Storing Medications

**11. 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 4/21/26, there were 3 medication cards of Oxycodone 5mg tablets for resident #5 present in the home's medication cart; however, all 3 medication cards expired in October, 2025.*

**Plan of Correction** ***Accept ([redacted] - 05/18/2026)***

*1. On 4/21/26, upon notification of expired cards of Oxycodone were destroyed by the RN and Med tech on duty.*
*2. On 5/5/26 the Resident Care Manager and Assistant Resident Care Manager were educated on compliance with regulation, confirmation of order process and med cart audit process.*
*3. On 5/5/26, all nurses and med techs were educated on compliance that no expired medications may be present in the med carts and that all expired medications must be properly destroyed and reordered from the pharmacy.*
*4. By 6/1/26, all medication carts will be audited by Executive Director or Nurse Management to ensure compliance.*
*5. Starting 6/1/26, Executive Director or designee will audit one medication cart per week using the Medication Cart/Room Audit form.*
*6. On 5/28/26, the current quarter, a pharmacy representative will audit all med carts quarterly to ensure compliance.*
*7. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*8. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/15/2026)***

## 184a Resident's Meds Labeled

**12. Requirements**

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

**Description of Violation**

*Resident #2 is currently prescribed Azelastine hydro Spray 137mcg-Inhale 2 sprays in each nostril twice daily; however, resident #2's pharmacy label indicates to inhale 2 sprays in each nostril in the evening.*

*Resident #6 is currently prescribed Tramadol 50mg tablet-Take 1 tablet by mouth twice daily at 8:00am and 8:00pm, as well as prescribed Tramadol 50mg tablet-Take 1 tablet by mouth every 8 hours as needed; however, resident #6's pharmacy label does not include the instructions to take 1 tablet every 8 hours as needed.*

*REPEAT VIOLATION: 4/15/2025, et. al.*

**Plan of Correction** ***Accept ([redacted] - 05/18/2026)***

*1. Upon notification of incorrect pharmacy labels change of direction labels were added to current medication cards.*
*2. On 5/5/26 the Resident Care Manager and Assistant Resident Care Manager were educated on compliance with regulation, confirmation of order process and med cart audit process.*
*3. On 5/5/26, all nurses and med techs were educated on compliance that all medication contained in the cart must match the prescriber's orders, including dosage and instructions.*
*4. By 6/1/26, all medication carts will be audited by Executive Director or Nurse Management to ensure compliance.*
*5. Starting 6/1/26, Executive Director or designee will audit one medication cart per week using the Medication Cart/Room Audit form.*
*6. On 5/28/26, the current quarter, a pharmacy representative will audit all med carts quarterly to ensure compliance.*
*7. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*8. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/15/2026)***

## 186b Medication Used by Resident

**13. Requirements**

2600.
186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

**Description of Violation**

*On 4/21/26 at 9:00am, direct care staff person A administered 17 grams of Clearlax powder to resident #9, which belonged to resident #3. Direct care staff person A indicated [redacted] administered resident #3's Clearlax to resident #9, because resident #9's Clearlax was not present in the home and available for administration.*

**Plan of Correction** ***Directed ([redacted] - 05/26/2026)***

*1. On 4/21/26, upon notification that Resident #9 received Resident #3's Clearlax because Resident #9's Clearlax*

## 186b Medication Used by Resident (continued)

*was not available, staff reordered Resident #9's Clearlax from the pharmacy. Clearlax was delivered to the facility 4/22/26.*
*2. On 5/5/26 the Resident Care Manager and Assistant Resident Care Manager were educated on compliance with regulation, confirmation of order process and med cart audit process.*
*3. On 5/5/26, all nurses and med techs were educated on compliance that no medication prescribed to a resident will be used for another resident.*
*4. Starting 5/18/26, the Resident Care Manger or designee will observe 5 resident med passes weekly x6 to ensure compliance through the 5 rights of medication administration.*
*5. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*6. All documentation will be kept.*

*DIRECTED: By 6/15/26: The administrator shall re educate all staff persons qualified to administer medications on the home's medication procedures, which includes the procedures for reordering medications prior to depleting the current supply to ensure all medications are present in the home and available for administration. Documentation of the staff education shall be kept. [redacted] 5/26/26*

*DIRECTED: Beginning on 6/2/26: The administrator/designee shall review the medications for at least 6 different residents each month to ensure all prescribed medications are present in the home and available for administration. [redacted] 5/26/26*

*Proposed Overall Completion Date: 06/30/2026*

**Directed Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/15/2026)***

## 187b - Date/Time of Medication Admin.

**14. Requirements**

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*Resident #2's April 2026 medication administration record (MAR) does not include the initials of the staff persons who administered the following medications to resident #2 on 4/9/26 at 9:00pm:*

- *Azaelastine 137mcg nasal spray Inhale 2 sprays in each nostril twice daily*
- *Deep Sea spray 0.65% Inhale 1 spray into each nostril twice daily*
- *Eliquis 5mg tablet Take 1 tablet orally twice daily*

*Resident #6's April 2026 MAR does not include the initials of the staff persons who administered numerous medications to resident #6 on numerous dates/times, to include the following:*

- *Calcium Alginate Cleanse [redacted] with soap and water; apply calcium alginate [redacted], which was not documented as administered on 4/1/26, 4/2/26. 4/3/26 and 4/6/26 at 7:00am*
- *Vashe cleansing solution [redacted] with soap and water; apply Vashe topically, which was not documented as administered on 4/1/26, 4/2/26, 4/6/26 and 4/12/26 at 7:00am*

## 187b - Date/Time of Medication Admin. (continued)

*Resident #7's April 2026 MAR does not include the initials of the staff persons who administered the following medication to resident #7 on numerous dates/times, to include the following:*

- *Carbidopa/levodopa 50/200 ER tablet-Take 1 tablet orally at bedtime, which was not documented as administered on 4/2/26, 4/11/16, 4/17/26 and 4/18/26 at 9:00pm*

*Resident #8's April 2026 MAR does not include the initials of the staff persons who administered the following medications to resident #8 on 4/9/26 and 4/10/26:*

- *Famotidine 20mg tablet-Take 1 tablet orally at bedtime, which was not documented as administered on 4/9/26 and 4/10/26 at 9:00pm*
- *Gabapentin 300mg capsule-Take 1 capsule orally at bedtime, which was not documented as administered on 4/9/26 and 4/10/26 at 9:00pm*
- *Pravastatin 40mg tablet-Take 1 tablet orally at bedtime, which was not documented as administered on 4/9/26 and 4/10/26 at 9:00pm*

*Resident #10's April 2026 MAR does not include the initials of the staff persons who administered numerous medications to resident #10 on numerous dates/times, to include the following:*

- *Acetaminophen 325mg tablet-Take 2 tablets orally 3 times daily, which was not documented as administered on 4/6/26 and 4/17/26 at 9:00pm*
- *Carbidopa/levodopa 50/200 ER tablet-Take 1 tablet orally every 6 hours, which was not documented as administered on 4/11/26 at 6:00am*
- *Hydrocodone/APAP 10/325 tablet-Take 1 tablet orally 3 times a day, which was not documented as administered on 4/16/26 at 9:00am and 2:00pm, as well as on 4/17/26 at 9:00pm*

*REPEAT VIOLATION: 2/2/2026*

**Plan of Correction** ***Accept ([redacted] - 05/26/2026)***

*1. On 5/5/26 the Resident Care Manager and Assistant Resident Care Manager were educated on compliance with regulation.*
*2. Root cause: nurses and med techs were not following proper procedure of immediately documenting date and time of medication administration because of this after some medications were administered they were not signed off by the nurse or med tech. On 5/5/26, all nurses and med techs were educated on compliance that the date and time will be recorded when medications are administered.*
*3. Starting 5/18/26, the Resident Care Manager or designee, will review all of the prior day's MAR for all residents to ensure compliance.*
*4. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*5. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/15/2026)***

## 224a - Preadmission Screen Form

**15. Requirements**

## 224a Preadmission Screen Form *(continued)*

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident #9 was admitted to the home on [redacted] however, resident #9's preadmission screening form was not completed until [redacted]*

**Plan of Correction** ***Accept ([redacted] - 05/18/2026)***

*1. On 4/24/26, Admission Manager was educated on compliance on performing preadmission screen within time appropriate time frames.*
*2. By 6/18/26, Admission Manager or designee will audit all current resident charts to ensure compliance.*
*3. Starting 4/27/26, Executive Director or designee will review all new admissions and transfers to secured dementia care unit to ensure compliance.*
*4. Starting 4/27/26, the Admission Manager will complete the Admissions Manager checklist and turn into Executive to ensure compliance with prescreen with each admission.*
*5. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*6. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/15/2026)***

## 225c Additional Assessment

**16. Requirements**

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

**Description of Violation**

*Resident #8's most recent assessment, dated [redacted], does not include the diagnosis of [redacted] as indicated on resident #8's most recent medical evaluation, dated 8/25/25. Also, resident #8's medical evaluation indicates a mechanical soft diet; however, resident #8's assessment indicates that resident #8 is on a regular diet with thin liquids.*

**Plan of Correction** ***Directed ([redacted] - 05/26/2026)***

*1. Resident #8's RASP dated [redacted] was corrected to include [redacted] as indicated on DME dated [redacted] the resident's diet was also corrected to mechanical soft as indicated on DME dated [redacted]*
*2. On 5/5/26, the Resident Care Manager and Assistant Resident Care Manager were educated on compliance with regulation. Specifically on including all diagnosis and the diet documented on current DME and the process of reviewing new orders for the residents and 24 hour report daily then updating the RASPs as needed.*
*3. By 6/12/26, Executive Director or designee will audit all current resident RASPs to ensure compliance.*
*4. Starting 5/18/26 the RCM will review and confirm updates to the RASPs ensuring compliance with their signature and date.*

## *225c - Additional Assessment (continued)*

*5. Until 6/30/26, Executive Director will review and initial all newly completed RASPs to ensure compliance.*
*(DIRECTED: Beginning on 6/30/26: The administrator/designee shall review at least 6 different resident assessments monthly to ensure accuracy and completeness. [redacted] 5/26/26).*
*6. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*7. All documentation will be kept.*

*Proposed Overall Completion Date: 06/30/2026*

**Directed Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/15/2026)***

## 227a - Support Plan 30 Days

**17. Requirements**

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

*Resident #9's support plan, dated [redacted], does not include the name and contact information for resident #'9 primary physician.*

**Plan of Correction** ***Accept ([redacted] - 05/26/2026)***

*1. Upon notification of missing information, the primary care provider's name and phone number was added to the support plan for Resident #9 on 4/22/26.*
*2. On 5/5/26, the Resident Care Manager and Assistant Resident Care Manager were educated to compliance of with regulation, specifically the support plan must include the primary care provider's name and phone number. The process of reviewing new orders for the residents and 24 hour report daily then updating the support plan as needed was also reviewed.*
*3. Starting 5/18/2026, RCM or designee, will attend daily morning stand up meeting and use information from the meeting to update the RASP, as needed. 4. By 6/12/26, Executive Director or designee will audit all current resident Support plans to ensure compliance.*
*5. Starting 5/18/26 the RCM will review and confirm updates to the support plan ensuring compliance with their signature and date.*
*6. Until 6/30/26, Executive Director will review and initial all newly completed Support Plans to ensure compliance.*
*7. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*8. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/15/2026)***

## 227c - Support Plan Revision

**18. 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.

## 227c Support Plan Revision *(continued)*

**Description of Violation**

*Resident #5's most recent support plan, dated [redacted], indicates resident #5's family will manage finances; however, the home does holds and manages funds for resident #5.*

**Plan of Correction** ***Accept ([redacted] - 05/26/2026)***

*1. On 4/21/26, Resident #5's support plan was updated to state the home holds and manages finances for the resident.*
*2. On 5/5/26, the Resident Care Manager and Assistant Resident Care Manager were educated to compliance of with regulation, specifically including if Paramount holds and manages funds for all residents who have money maintained by the business office for the resident's personal use. The process of reviewing new orders for the residents and 24 hour report daily then updating the support plan as needed was also reviewed.*
*3. Starting 5/18/2026, RCM or designee, will attend daily morning stand up meeting and use information from the meeting to update the RASP, as needed..*
*4. By 6/12/26, Executive Director or designee will complete a one time cross reference with the residents fund list and support plans to ensure compliance.*
*5. Starting 5/18/26 the RCM will review and confirm updates to the RASPs ensuring compliance with their signature and date.*
*6. Until 6/30/26, Executive Director will review and initial all newly completed Support Plans to ensure compliance.*
*7. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*8. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/15/2026)***

## 231b - Medical Evaluation

**19. Requirements**

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

*Resident #2 was admitted to the secured dementia care unit (SDCU) on [redacted]; however, resident #2's medical evaluation was not completed until [redacted]*

**Plan of Correction** ***Accept ([redacted] - 05/26/2026)***

*1. On 4/23/23 an audit was completed of all SDCU DMEs to ensure compliance.*
*2. On 5/5/26, the Resident Care Manager, Assistant Resident Care Manager and Admission Manager were educated to compliance of with regulation, specifically including the need for the DME to be completed within 60 days prior to admission to the SDU.*
*3. On 5/18/26 the Resident Care Manager or designee will review all DME's prior to admission to the SDU using the Admission Manager Checklist to ensure and document compliance.*
*4. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*5.All documentation will be kept.*

## 231b Medical Evaluation *(continued)*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( - 07/15/2026)***

## 234d - Support Plan Revision

**20. Requirements**

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

**Description of Violation**

*Resident #8 began receiving home health services for [redacted] on or around [redacted] however, resident #8's most recent support plan, dated [redacted] does not include the specific services or frequency of services resident #8 is receiving from home health.*

**Plan of Correction** ***Accept ( - 05/26/2026)***

*1. Resident #8's support plan was updated on 4/23/26 to include home health services being received.*
*2. On 5/5/26, the Resident Care Manager and Assistant Resident Care Manager were educated to compliance of with regulation, specifically including the information when the resident is receiving home health services and the process of reviewing new orders for the residents and 24 hour report daily then updating the service plan as needed.*
*3. Starting 5/18/2026, RCM or designee, will attend daily morning stand up meeting and use information from the meeting to update the RASP, as needed.*
*4. On 4/23/26, the support plans for all residents currently on home health services were reviewed and updated to ensure compliance.*
*5. Starting 5/18/26 the RCM will review and confirm updates to the support plan ensuring compliance with their signature and date.*
*6. Starting 5/18/26, the Resident Care Manger or designee will audit the support plans for all residents being seen by home health weekly x6 to ensure compliance.*
*7. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*8. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( - 07/15/2026)***

## 254c - Records Storing

**21. Requirements**

2600.
254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

**Description of Violation**

*On 4/20/26 at 11:14am, a "standing report" form which contained the diet orders and care needs for numerous residents, including residents #5 and #6, was unlocked, unattended and accessible on top of both of the medication carts located in the 1st floor hallway. Additionally, a binder labeled "PACU narcotic book 2", which contained controlled count sheets for numerous residents, to include the following residents, was unlocked, unattended and accessible on the side of the small medication cart:*

- *Resident #3's Hydrocodone/APAP 5/325mg tablet Take ½ tablet by mouth twice daily as needed*

*254c Records Storing (continued)*

- *Resident #4's Hydrocodone/APAP 5/325mg tablet Give 1 tablet by mouth every 8 hours as needed*

*On 4/21/26 at 3:23pm, a binder labeled "2 north narcotic book 2", which contained controlled count sheets for numerous residents, to include the following residents, was unlocked, unattended and accessible on the side of the 2 north back medication cart:*

- *Resident #10's Hydrocodone/APAP 10/325mg tablet Take 1 tablet orally 3 times a day at 9:00am, 2:00pm, and 9:00pm*
- *Resident #11's Oxycodone 15mg tablet Take 1 tablet orally every 4 hours*

**Plan of Correction** ***Accept ([redacted] - 05/26/2026)***

*1. On 4/20/26, upon notification from surveyor of improper storage of records, the standing report form and narcotic count binder were placed in the medication cart and locked.*
*2. On 4/21/26, upon notification from surveyor of improper storage of records, the narcotic count binder was placed in the medication cart and locked.*
*3. On 5/5/26, Resident Care Manager and Assistant Resident Care were educated on compliance with regulation. Specifically, medical record use on medication carts.*
*4. By 4/27/26, all nursing staff will be educated on compliance with regulation. Specifically, medical record use on medication carts.*
*5. Starting 4/23/26, Executive Director or designee will perform a daily audit through 6/30/26 of facility for compliance by rounding all units and areas of the facility to ensure continued compliance. Non compliance issues will be investigated and corrected with education and/or progressive discipline.*
*6. Starting 7/1/26 Executive Director or designee will perform a weekly audit of facility for compliance by rounding all units and areas of the facility to ensure continued compliance. Non compliance issues will be investigated and corrected with education and/or progressive discipline.*
*6. On 6/30/26, the compliance will be reviewed during the quarterly QA meeting.*
*7. All documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/15/2026)***