

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

September 30, 2026

[REDACTED]
PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC
[REDACTED]
[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 08/18/2026, 08/19/2026 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: 07/13/2027

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 Park

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 151

Waking Staff: 113

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 08/18/2026

Inspection Dates and Department Representative

08/18/2026 - On-Site: [REDACTED]

08/19/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125

Residents Served: 99

Secured Dementia Care Unit

In Home: Yes

Area: 3rd floor

Capacity: 28

Residents Served: 12

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 99

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 52

Have Physical Disability: 1

Inspections / Reviews

08/18/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/10/2026

Inspections / Reviews (*continued*)

09/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/14/2026

09/11/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/29/2026

09/30/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] at approximately 5:00am, direct care staff person A observed a bedsheet tied around the door handle to resident [REDACTED]'s bedroom door, barricading resident [REDACTED] in [REDACTED] bedroom; however, this incident was not reported to the local Area Agency on Aging.

Plan of Correction

Accept [REDACTED] - 09/11/2026)

1. On 7/28/2026, staff person B was immediately interviewed by management and was terminated from employment.
2. On 7/28/2026, an Incident Reporting Form was sent to the DHS detailing incident and employee termination.
3. On 8/18/2026, the Executive Director was informed by the DHS Inspector that an Act 70 Report should have been submitted to the local Area Agency on Aging, which resulted in the Executive Director submitting this report that day.
4. Executive Director, or designee, will report all resident rights violations and all actual and expected abuse to both the DHS and local Area Agency on Aging.
5. Beginning September 7, 2026, the overnight Shift Supervisor will audit each room's egress by rounding the entire building to ensure no resident doors are barricaded or impeded from opening in any way. This will occur twice per night for 2 weeks then once nightly for 4 weeks.
6. Beginning September 4, 2026, The Executive Director or designee will review all internal incidents each morning to monitor for any incidents of abuse. All incidents of resident abuse will be immediately reported by the Executive Director or designee to both the DHS and local Area Agency on Aging within the required timeframes stated in the Older Adult Protective Services Act.: Reporting will include an immediate oral report to the local Area Agency on Aging, submission of the Mandatory Abuse Report form to the local Area Agency on Aging within 48 hours of the oral report, and submission of an Incident Reporting Form to the DHS within 24 hours of incident.
7. On 9/29/2026, the incident will be reviewed during the quarterly QA meeting.
8. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/29/2026

Implemented [REDACTED] - 09/30/2026)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 5:00am, direct care staff person A observed a bedsheet tied around the door handle to resident [REDACTED] bedroom door, barricading resident [REDACTED] in [REDACTED] bedroom. Direct care staff person A spoke with direct care

42b Abuse (continued)

staff person C who indicated direct care staff persons B and C tied the bedsheet around resident [REDACTED] bedroom door earlier that morning because resident [REDACTED] was displaying behaviors and could not be redirected.

Plan of Correction**Accept [REDACTED] - 09/11/2026)**

1. On 7/28/2026, staff person B was immediately interviewed by management and was terminated from employment.
2. On 7/29/2026 staff person C, who was being trained by staff person B on the night in question, was interviewed and educated on the resident's rights. [REDACTED] was also instructed on the inappropriateness of staff person B's actions and stated understanding.
3. On 8/11/2026, during the scheduled monthly staff meeting, all staff were educated on 2600.42.b and the incident on 7/28/2026 was reviewed.
4. Beginning September 7, 2026, the overnight Shift Supervisor will audit each room's egress by rounding the entire building to ensure no resident doors are barricaded or impeded from opening in any way. This will occur twice per night for 2 weeks then once nightly for 4 weeks.
5. On 7/28/2026, Resident [REDACTED] was moved from personal care to our Memory Care Unit to provide a safe, secure environment for the resident to roam and wander, including at night. Resident and POA in agreement with the relocation. A significant change RASP was completed on 7/28/2026 to reflect the move to Memory Care and resident's wandering behavior.
6. Beginning September 14, 2026 the Resident Care Manager or designee shall interview a minimum of 5 residents per month, in private, to ensure residents are free from abuse/neglect. Documentation of all interviews will be kept.
7. On 9/29/2026, the incident will be reviewed during the quarterly QA meeting.
8. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/29/2026

Implemented [REDACTED] - 09/30/2026)**202 - Prohibitions****3. Requirements**

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).

Description of Violation

On [REDACTED] at approximately 5:00am, direct care staff person A observed a bedsheet tied around the door handle to resident [REDACTED] bedroom door, barricading resident [REDACTED] in [REDACTED] bedroom. Direct care staff person A spoke with direct care staff person C who indicated direct care staff persons B and C tied the bedsheet around resident [REDACTED] bedroom door earlier that morning because resident [REDACTED] was displaying behaviors and could not be redirected.

Plan of Correction**Accept [REDACTED] - 09/11/2026)**

1. On 7/28/2026, staff person B was immediately interviewed by management and was terminated from employment.
2. On 7/29/2026 staff person C, who was being trained by staff person B on the night in question, was interviewed and educated on the resident's rights. [REDACTED] was also instructed on the inappropriateness of staff person B's actions and stated understanding.

202 - Prohibitions (continued)

3. On 7/28/2026, Resident [REDACTED] was moved from personal care to our Memory Care Unit to provide a safe, secure environment for the resident to roam and wander, including at night. Resident and POA in agreement with the relocation. A significant change RASP was completed on 7/28/2026 to reflect the move to Memory Care and resident's wandering behavior.
4. On 8/11/2026, during the scheduled monthly staff meeting, all staff were educated on 2600.202 and the incident on 7/28/2026 was reviewed.
5. Beginning September 7, 2026, the overnight Shift Supervisor will audit each room's egress by rounding the entire building to ensure no resident doors are barricaded or impeded from opening in any way. This will occur twice per night for 2 weeks then once nightly for 4 weeks.
6. The Resident Care Manager or designee shall interview a minimum of 5 residents per month, in private, to ensure residents are not secluded. Documentation of all interviews will be kept.
7. On 9/29/2026, the incident will be reviewed during the quarterly QA meeting.
8. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/29/2026

Implemented [REDACTED] 09/30/2026)

231c - Preadmission Screening**4. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was transferred to the home's secured dementia care unit (SDCU) on [REDACTED]; however, resident [REDACTED]'s cognitive preadmission screening does not include any diagnoses. This section of resident [REDACTED]'s cognitive preadmission screening is blank.

Plan of Correction

Accept [REDACTED] - 09/11/2026)

1. On 8/18/2026, a diagnosis of Mild Cognitive Impairment was added to the resident's cognitive preadmission screening.
2. On 8/18/2026, education was provided to the admissions manager, director of nursing, and assistant director of nursing regarding proper completion of the written cognitive preadmission screening.
3. The admissions manager or designee, will complete the DHS Preadmission Screening form for all admissions or internal transfers to the Memory Support unit within 72 hours prior to admission for all residents. This will include completing all sections of Part IV: Cognitive Screening.
4. On 8/19/2026, The Executive Director audited all current resident charts to ensure Part IV: Cognitive Screening of the preadmission screening is fully completed. All current resident Preadmission Screenings were found to be in compliance.
5. Beginning September 4, 2026, the Executive Director, or designee, will review all paperwork for all new admissions and transfers to Memory Care to ensure the Preadmission Screening form was completed within 72 hours prior to admission, including Part IV: Cognitive Screening. This will occur within 24 hours of admission or transfer to Memory Care.
6. On 9/29/2026, the compliance will be reviewed during the quarterly QA meeting.
7. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/29/2026

231c - Preadmission Screening (*continued*)*Implemented* [REDACTED] - 09/30/2026)

231e - No Objection Statement

5. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [REDACTED] was transferred to the home's SDCU on [REDACTED]; however, there is no documentation present indicating resident [REDACTED] and resident [REDACTED] designated person have not objected to the admission to the SDCU.

Plan of Correction

Accepted [REDACTED] - 09/11/2026)

1. On 07/28/2026, the Admissions Manager verbally discussed resident's transfer to Memory Care with the resident's POA via a telephone conversation as they were out of town on vacation. Resident's POA verbally agreed to transfer. On 8/5/2026, the resident's POA returned from vacation and signed the consent, agreeing to the admission to the memory care unit.
2. On 8/18/2026, the resident signed the written consent for admission to the Memory Care Unit.
3. On 8/18/2026, the Admission Manager was educated on 2600.231.e.
4. The Admissions Manager, or designee, will have all admissions and POAs sign the "Consent for Admission to the Dementia Care Unit" form prior to the resident moving to the Memory Care Unit. This will include all new admissions as well as residents who transfer to our Memory Unit from our Personal Care.
5. On 8/18/2026, the Executive Director conducted an audit on all current Memory Care unit residents and all current charts are in compliance with 2600.231.e.
6. Beginning September 4, 2026, the Executive Director will review all new admission paperwork for all admissions to the Memory Care Unit going forward to ensure both the resident and POA have signed written consent for admission. This will occur within 24 hours of admission.
7. On 9/29/2026, the compliance will be reviewed during the quarterly QA meeting.
8. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/29/2026

Implemented [REDACTED] 09/30/2026)