pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC**
LEGAL ENTITY

To operate **PARAMOUNT SENIOR LIVING AT BETHEL PARK**
NAME OF FACILITY OR AGENCY

Located at **5785 BAPTIST ROAD, BETHEL PARK, PA 15102**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE | ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE | ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE | ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **125** (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 28**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **January 8, 2021** until **July 8, 2021**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **440881**

Robert E. Robinson
ISSUING OFFICER

Jamie L. Buchenauer
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 6/20

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 8, 2021

Ms. Janet Stockhausen
Compliance Officer
Paramount Senior Living at Bethel Park, LLC.
5785 Baptist Road
Bethel Park, Pennsylvania 15102

RE: Paramount Senior Living at Bethel Park
Certificate #: 440881

Dear Ms. Stockhausen:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on September 11, 2020 and November 16, 2020, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), mistreatment or abuse of clients being cared for in the facility or receiving service from the agency, the Department hereby REVOKES your certificate of compliance (440880) dated November 19, 2020 to November 19, 2021 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on violations and mistreatment or abuse of clients being cared for in the facility or receiving service from the agency. The license dated November 19, 2020 to November 19, 2021 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from January 8, 2021 to July 8, 2021.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License
Licensing Inspection Summary

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

Facility Information

Name: *PARAMOUNT SENIOR LIVING AT BETHEL PARK* **License #**: *44088* **License Expiration Date**: *05/28/2021*
Address: *5785 BAPTIST ROAD, BETHEL PARK, PA 15102*
County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: *Nancy Scenna* **Phone**: *4128333500* **Email**: *nscenna@paramountsl.net*

Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC*
Address: *5785 BAPTIST ROAD, BETHEL PARK, PA, 15102*
Phone: *4128333500* **Email**: *RPALLADINI@PARAMOUNTHR.ORG*

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*
Type: *Other* **Date**: *10/29/2009* **Issued By**: *Municipality of Bethel Park*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *138* **Waking Staff**: *104*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Complaint* **Exit Conference Date**: *10/07/2020*

Inspection Dates and Department Representative

09/11/2020 - On-Site: Amy Duncan, Michael Marini

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* **Residents Served**: *92*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *3rd floor* **Capacity**: *28* **Residents Served**: *19*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *92*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *46* **Have Physical Disability**: *1*

Inspections / Reviews

09/11/2020 - Partial

Lead Inspector: *Amy Duncan* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/17/2020*

10/19/2020 - POC Submission

Lead Reviewer: *Larry Mazza* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/23/2020*

10/26/2020 - POC Submission

Lead Reviewer: *Larry Mazza* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/01/2020*

11/19/2020 - Document Submission

Lead Reviewer: *Larry Mazza* **Follow-Up Type**: **Follow-Up Date**:

16b - Incident Policies

1. Requirements

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

On 4/25/20 at approximately 7:50 pm, resident #1, who is a resident of the secured dementia care unit (SDCU), was found lying on his bedroom floor after an unwitnessed fall. The resident was assessed by staff member B and found to have a head wound measuring approximately 2" long x 0.25" deep. The home's written fall policy indicates, "Transport resident to bed if no apparent injuries that result in acute care treatment. If resident requires acute care treatment, leave resident at scene until EMT arrives." However, staff persons A, B and C transferred the resident from the floor into his wheelchair, then transported the resident by wheelchair from the 3rd floor SDCU to the 1st floor lobby until emergency medical technicians (EMT's) arrived. EMT's arrived and transferred the resident to the hospital, where he was admitted with a head laceration and a C6 neck fracture.

Plan of Correction **Accept**

1. On 9/14/20 Executive Director and Resident Care Manager reviewed Incident Policy and Procedure.

2. By 10/22/20 Resident Care Manager will educate nursing staff on Incident/Fall Policy and Procedure and timeframes for reporting.

3. Effective 10/1/20 Executive Director and Resident Care Manger will review incidents daily for interventions, treatment, follow up and reporting until 11/1/20

4. Starting 10/16/20 Executive Director will review the next 15 Reportable Incidents prior to submission to assure compliance with regulation. (Documentation will be kept)

Completion Date: *12/31/2020* Licensee's Proposed Date for POC Implementation 12/14/20

Document Submission **Implemented**

16b documentation supplied

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 4/25/20 at approximately 7:50 pm, resident #1 had an unwitnessed fall in his bedroom. The resident was assessed and transferred to the hospital, where he was admitted with a head laceration and a C6 neck fracture; however, this incident was not reported to the Department.

16c - Written Incident Report *(continued)*

Plan of Correction **Do Not Accept**

1. Resident #1 CTB, facility unable to correct citation for resident
2. On 9/14/20 Executive Director and Resident Care Manager reviewed regulation and timeframe for reporting
3. By 10/22/20 Resident Care Manager will educate nursing staff on Incident/Fall Reporting with emphasis on what is a reportable and the time frame for reportable incidents
4. Starting 10/16/20 Executive Director will review the next 15 reportable incidents prior to submission to assure compliance with regulation(Documentation will be kept)

Completion Date: *12/31/2020*

Plan of Correction **Accept**

1. Reportable submitted 10/20/2020
2. On 9/14/20 Executive Director and Resident Care Manager reviewed regulation and timeframe for reporting
3. By 10/22/20 Resident Care Manager will educate nursing staff on Incident/Fall Reporting with emphasis on what is a reportable and the time frame for reportable incidents
4. By 11/1/20 Executive Director or designee will educate all staff on what reportable events are and the time frame to report (Documentation will be kept)
4. Starting 10/16/20 Executive Director or designee will review the next 15 reportable incidents prior to submission to assure compliance with regulation(Documentation will be kept)

Completion Date: *12/31/2020* Licensee's Proposed Date for POC Implementation 12/14/20

Document Submission **Implemented**

supporting documentation submitted

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #4's initial assessment, dated 5/11/20, indicates the resident requires some physical assistance with personal hygiene and the resident's initial support plan, dated 5/11/20, indicates, "Staff will assist with personal hygiene and provide 2 showers weekly." However, according to the resident, and the resident's shower log, the resident did not receive a shower from 8/29/20 through 9/11/20.

23a - Activities of Daily Living Assistance *(continued)*

Plan of Correction **Accept**

1. Resident #4 received shower 9/11/20 and subsequent showers as scheduled

2. On 9/15/20 Executive Director and Resident Care Manager reviewed ADL sheets and process for refusal

3. On 9/23/20 Resident Care Manager educated nursing staff on ADL's and resident refusal process

4. RCM will educate nursing staff on ADL's and shower refusal in November and December

5. Starting 10/1/20 Resident Care Manager or designee will audit ADL's weekly for 4 weeks then twice a month for 2 months (Documentation will be kept)

6. Starting 10/19/20 Executive Director will interview 10 residents a week for 4 weeks to monitor satisfaction with ADL's and needs are being met.(Documentation will be kept)

Completion Date: *12/31/2020* Licensee's Proposed Date for POC Implementation 12/14/20

Document Submission **Not Implemented**

supporting documentation submitted

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's resident-home contract, dated 3/23/20, was not signed by the resident.

Plan of Correction **Accept**

1. Resident #1 CTB, facility unable to correct citation for resident

2. On 10/13/20 Executive Director educated Admission Manager regarding regulation requiring resident signature or mark

3. By 10/23/20 Admission Manager will audit all current resident contracts to verify compliance (Documentation will be kept)

4. Executive Director will audit next 5 new admission contracts to ensure continued compliance (Documentation will be kept)

Completion Date: *12/31/2020* Licensee's Proposed Date for POC Implementation 12/14/20

Document Submission **Implemented**

supporting documentation submitted

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

25c2 - Fee Schedule *(continued)*

Description of Violation

The home's updated supply list, which went into effect on 6/1/20, includes a charge of $3 per mask. All residents of the home, including residents #2, #3, and #4, were billed $3/day monthly since June 2020 for masks; however, residents did not receive new masks on a daily basis.

Plan of Correction **Accept**

1. On 9/30/20 all residents and/or responsible parties were notified via letter the $3/day mask charge was being discontinued as of November 1, 2020. Also, enclosed in letter was an updated medical supply price list to be effective November 1, 2020 and education notifying that residents and/or responsible parties are able to supply the resident with an approved mask if they choose to. Also, as of November 1, 2020, each resident will be billed for masks and PPE as needed per medical supply price list if they so not have any.
2. By 10/21/20, facility designee will contact Resident 2 through 4 and/or their respective responsible party to notify them each resident shall be re issued masks. One mask for each day that they have been charged and was paid for. The masks that have been already charged and paid for shall be stored within the resident's room or in a location the masks can be available to the resident when needed (SDCU). (Documentation will be kept)
3. By 10/21/20 all residents and/or responsible parties will be notified via letter that each resident shall be re issued masks. One mask for each day that they have been charged for a mask. The masks that have been already charged and paid for shall be stored within the resident's room or in a location the masks can be available to the resident when needed (SDCU). (Documentation will be kept)
4. By 10/21/20 Resident Care Manager, Business Office Manager and Admission Manager will be educated by the Executive Director on the revised medical supply price list, medical supply distribution and billing (including masks). Documentation will be kept.
5.By 10/31/20 nursing staff will be educated on proper medical supply distribution and billing(including masks). Documentation will be kept.
6. Nursing staff will be educated on proper medical supply distribution and billing in November and December. (Documentation will be kept)
7. Executive Director will audit medical supply charges prior to invoicing residents as quality assurance in November and December. (Documentation will be kept)

Completion Date: *12/31/2020* Licensee's Proposed Date for POC Implementation 12/14/20

Document Submission **Implemented**

supporting documentation submitted

42b - Abuse

1. **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.

42b - Abuse *(continued)*

Description of Violation

On 4/25/20 at approximately 7:50 pm, resident #1, who is a resident of the SDCU, was found lying on his bedroom floor after an unwitnessed fall. The resident was assessed by staff member B and found to have a head wound measuring approximately 2" long x 0.25" deep. The home's written fall policy indicates, "Transport resident to bed if no apparent injuries that result in acute care treatment. If resident requires acute care treatment, leave resident at scene until EMT arrives." However, staff persons A, B and C transferred the resident from the floor into his wheelchair, then transported the resident by wheelchair from the 3rd floor SDCU to the 1st floor lobby until EMT's arrived. The resident was transferred to the hospital and admitted with a head laceration and a C6 neck fracture. Resident #1 passed away on resident #1's date of death. According to the resident's death certificate, the resident died from "complications of blunt force trauma of head and neck" and "a fall". Resident #1 was a fall risk and fell approximately 4 times during the months of March and April 2020. A physician's order for a chair/bed alarm and an order to check the alarm every shift, was ordered on 3/23/20; however, staff interviews indicate the resident routinely removed the alarm, and that the alarm was not in use when the fall occurred on 4/25/20.

REPEAT VIOLATION: 12/9/2019

Plan of Correction **Do Not Accept**

1. Resident #1 CTB, facility unable to correct citation for resident
2. On 9/17/20 documentation of alarms every shift added to TAR
3. Starting week of 9/21/20 Resident Care Manager or designee will audit alarm documentation daily for 2 weeks, then weekly for 2 weeks then monthly for 2 months(Documentation will be kept)
4. By 10/22/20 Resident Care Manager will educate nursing staff on abuse and neglect
5. Resident Care Manager will educate staff in November and December on Resident Abuse and Neglect(Documentation will be kept)
6. Starting 10/19/20 Executive Director will interview 10 residents a week for 4 weeks regarding satisfaction with care and treatment from staff.

Completion Date: *12/31/2020*

42b - Abuse *(continued)*

Plan of Correction **Accept**

1. Resident #1 CTB, facility unable to correct citation for resident
2. On 9/17/20 documentation of alarms every shift added to TAR. Nurse/Med Tech will document alarms are on and functioning (bed and/or chair based on order)
3. Starting week of 9/21/20 Resident Care Manager or designee will audit alarm documentation daily for 2 weeks, then weekly for 2 weeks then monthly for 2 months(Documentation will be kept)
4. On 9/29/20 Resident Care Manager educated staff regarding receiving copies of all orders for follow up
5. On 9/21/20 Resident Care Manager instituted list of residents with alarms. Resident Care Manager or designee will maintain list
6. Order for alarm is added to the Resident Cheat Sheet to communicate to staff. The Cheat sheet is maintained by the Resident Care Manager at least weekly. Staff review Cheat Sheet and make changes. Resident Care Manager updates based on orders and input from staff/family/resident
7. Resident with new order for alarm is communicated on the 24 hour report-each shift nurse/med tech documents events/orders for the shift. This is read by all staff on that unit for the day. It is kept on that unit-staff off a day or so can read back through reports for update on events
8. On 10/12/20 Resident Care Manager instituted Daily Huddle with each shift to discuss issues, orders, falls, interventions, education. Fall risk residents are discussed and plans for prevention reviewed. Residents that take alarms off are discussed and more frequent rounding is ordered and communicated via 24 hour report, cheat sheet and verbal report.
10. By 10/22/20 Resident Care Manager will educate nursing staff regarding Fall Policy-including the following: Fall Risk Assessment, interventions for fall risk residents, when to reevaluate residents, interventions for residents that remove alarms, actions when a fall happens, communication
9. By 10/22/20 Resident Care Manager will educate nursing staff on abuse and neglect
10. Resident Care Manager will educate staff in November and December on Resident Abuse and Neglect, Fall Prevention and interventions(Documentation will be kept)
11. Starting 10/19/20 Executive Director will interview 10 residents a week for 4 weeks regarding satisfaction with care and treatment from staff.

Completion Date: *12/31/2020* Licensee's Proposed Date for POC Implementation 12/14/20

Document Submission **Not Implemented**

supporting documentation submitted

42e - Telephone Access

1. Requirements

2600.
42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

There is no telephone in the home's SDCU that residents can use to make calls in private.

42e - Telephone Access *(continued)*

Plan of Correction **Accept**

1. Facility requests to remove this citation from the violation report. Facility has a phone that is accessible 24 hours a day in the SDCU nurses station. Also a cordless phone is available for any resident or responsible party to have a private conversation if needed

2. By 10/22/20 Resident Care Manager will educate staff regarding the phones available to residents within the SDCU (Documentation will be kept)

3. Starting week of 10/18/20 Executive Director or designee will interview staff regarding telephone usage weekly for 4 weeks

Completion Date: *11/30/2020* Licensee's Proposed Date for POC Implementation 12/14/20

Document Submission **Not Implemented**

supporting documentation supported

42v - Resident-Home Contract

1. Requirements

2600.

42.v. A resident has the right to receive services contracted for in the resident-home contract.

Description of Violation

The home's updated supply list, which went into effect on 6/1/20, includes a charge of $3 per mask. All residents of the home, including residents #2, #3, and #4, were billed $3/day monthly since June 2020 for masks; however, residents did not receive new masks on a daily basis.

42v - Resident-Home Contract *(continued)*

Plan of Correction **Accept**

1. On 9/30/20 all residents and/or responsible parties were notified via letter the $3/day mask charge was being discontinued as of November 1, 2020.Also, enclosed in letter was an updated medical supply price list to be effective November 1, 2020 and education notifying that residents and/or responsible parties are able to supply the resident with an approved mask if they choose to. Also, as of November 1, 2020, each resident shall be billed for masks and PPE as needed per medical supply list if they do not have any.
2. By 10/21/20, facility designee will contact Resident 2 through 4 and/or their respective responsible party to notify them each resident shall be re issued masks. One mask for each day that they have been charged and was paid for. The masks that have already be charged and paid for shall be stored within the resident's room or in a location the masks can be available to the resident when needed (SDCU). (Documentation will be kept)
3. By 10/21/20, all residents and/or responsible parties will be notified via letter that each resident shall be re issued masks. One mask for each day that they have been charged for a mask. The masks that have been already charged and paid for shall be stored within the resident's room or in a location the masks can be available to the resident when needed (SDCU). (Documentation will be kept)
4. By 10/21/20 Resident Care Manager, Business Office Manager and Admission Manager will be educated by the Executive Director on the revised medical supply price list, medical supply distribution and billing (including masks), and resident right to services contracted for in the resident home contract (Documentation will be kept)
5. By 10/31/20 nursing staff will be educated on proper medical supply distribution and billing (including masks), and resident right to receive services contracted for in the resident home contract (Documentation will be kept)
6. Nursing staff will be educated on proper medical supply distribution and billing, and resident right to receive services contracted for in the resident home contract in November and December. (Documentation will be kept)
7. Executive Director will audit medical supply charges prior to invoicing residents as quality assurance in November and December (Documentation will be kept)

Completion Date: *12/31/2020* Licensee's Proposed Date for POC Implementation 12/14/20

Document Submission **Implemented**

supporting documentation submitted

225a - Assessment 15 Days

1. 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 #1's initial assessment, dated 3/24/20, does not include an assessment of the resident's orientation to time/place/person, irritability, judgment, agitation, aggression, hallucinations, communication of needs, understanding instructions, short-term memory, long-term memory and ability to use and avoid poisonous materials. These sections of the assessment are blank.

225a - Assessment 15 Days *(continued)*

Plan of Correction **Do Not Accept**

1. Resident #1 CTB, facility unable to correct citation for resident
2. On 10/13/20, Executive Director educated Resident Care Manager on regulation(Documentation was kept)
3. Starting 10/19/20, Executive Director will audit next 5 initial assessments for compliance (Documentation will be kept)
4. By 11/1/20, all RASPs will be audited by Executive Director and designee(s) for compliance(Documentation will be kept)

Completion Date: *11/05/2020*

Plan of Correction **Accept**

1. Resident #1 CTB, facility unable to correct citation for resident
2. On 10/13/20, Executive Director educated Resident Care Manager on regulation, including updates to RASP, significant changes, and annual RASP process(Documentation was kept)
3. Resident Care Manager or designee is responsible for completion of Initial RASP, Annual RASP, RASP update and significant changes
4. On 9/29/20 Resident Care Manager educated staff regarding receiving copies of orders daily
5. On 10/12/20 Resident Care Manager instituted Daily huddle with Nurses/Med Tech's every shift to identify/discuss events, issues, falls, new orders, problems, items for RASP update, education
6. On 10/20/20 Resident Care Manager identified problem with Point Click Care allowing RASP to be marked as completed when items were blank. PCC contacted to correct issue
7. Starting 10/19/20, Executive Director will audit next 5 initial assessments for compliance (Documentation will be kept)
8. By 11/6/20, all RASPs will be audited by Executive Director and designee(s) for compliance(Documentation will be kept)

Completion Date: *11/20/2020* Licensee's Proposed Date for POC Implementation 12/14/20

Document Submission **Implemented**

documentation of education submitted. In process of auditing next 5 admissions and all RASP's