



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to KJ BETHEL PARK LLC  
LEGAL ENTITY

To operate THE SHERIDAN AT BETHEL PARK  
NAME OF FACILITY OR AGENCY

Located at 2000 COOL SPRINGS DRIVE, PITTSBURGH, PA 15234  
(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 147  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40

Restrictions: \_\_\_\_\_

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 May 29, 2019 until May 29, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449480**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

May 30, 2019

Mr. Pete Smith  
Vice President  
KJ Bethel Park LLC  
30 West Monroe Street, Suite 1700  
Chicago, Illinois 60603

RE: The Sheridan at Bethel Park  
2000 Cool Springs Drive  
Bethel Park, Pennsylvania 15234  
Certificate #: 449480

Dear Mr. Smith:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 26, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosures  
License  
Violation Report



**Violation Report:** 44948 - 03/26/2019 - Graziano, Belinda  
**PCH Name:** The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**

A copy of 55 Pa. code Chapter 2600 and the current licensing inspection summary, dated 11/28/18, were not posted in a conspicuous and public place in the home. They were in a binder labeled "RCG" on a shelf behind the receptionist area.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The current licensing inspection binder is located in the lobby area. It is easily accessible to residents and visitors.

Please see Exhibits A and B.

Immediately and monthly thereafter: A designated staff person will check the home to ensure a copy of the Chapter 2600 regulations, the current license and the current licensing inspection summary are posted in a conspicuous and public place in the home.

*JW* 5/3/19

<b>Repeat Violation:</b> No	<b>Date(s) of Previous Violation(s):</b>		
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**Signature of Legal Entity Representative (Required on EVERY Page)** *Dana Wright*

<b>Printed Name and Title of Legal Entity Representative (Required on EVERY Page)</b> <i>Dana Wright, ED</i>	<b>Date</b> <i>5-2-19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5/3/19  
(Date)

Plan of correction implementation status as of 5/3/19  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *JW*  
(Initials)

**Violation Report:** 44948 - 03/26/2019 - Graziano, Belinda  
**PCH Name:** The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**2a. DESCRIPTION OF VIOLATION**

The home is video recording the the exits of the home. However, on admission, residents of the home are not informed that these areas are subject to video recording and there are no signs posted indicating that images are being recorded in these areas.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

A video surveillance sign has been installed at the main entrance.

Please see Exhibit C

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Dana Knight, ED*

Date *5-2-19*

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The above plan of correction is approved as of 5/3/19  
 (Date)

The above plan of correction was approved by *JW*  
 (Initials)

Plan of correction implementation status as of 5/3/19  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44948 - 03/26/2019 - Graziano, Belinda

PCH Name: The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600.**

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**

At 12:00 p.m., the storage closet in the bathroom of bedroom #204 was unlocked, unattended and accessible. There was a 30 fl ounce spray bottle of Clorox Foamer, approximately 1/3 full, with a label that indicates "If swallowed, call poison control center or doctor immediately." Resident #1 has been assessed unable to recognize and use poisons safely.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Memory Care Director has reeducated the nursing staff and residents families of the importance of making sure all poisonous materials are locked away in cabinets at all times.

including checking the home for unlocked poisonous materials

In addition, the memory care Director has created list of items that the nursing staff will complete at the beginning and end of every shift to ensure safety of all residents.

*JW*  
5/3/19

Please see Exhibit D

The poisonous materials mentioned above were locked up on 3/26/2019.

*JW* 5/3/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dana Wright, ED* Date *5-2-19*

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**Violation Report:** 44948 - 03/26/2019 - Graziano, Belinda  
**PCH Name:** The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**

2600.91 - 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.

**2a. DESCRIPTION OF VIOLATION**

At approximately 11:00 a.m., none of the emergency service telephone numbers were posted on or near the telephone in the fitness center.

At approximately 11:30 a.m., none of the emergency service telephone numbers were posted on or near the telephone in resident bedroom #309.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Emergency phone numbers have been attached to all outgoing phones.

Please see Exhibit N

Immediately and weekly thereafter: A designated staff person will check telephones with an outside line to ensure the required listing of emergency contact numbers is posted on or by each telephone.

*JW* 5/3/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/16/2018	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sara Wright, ED</i>	Date <i>5-2-19</i>
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**Violation Report:** 44948 - 03/26/2019 - Graziano, Belinda

**PCH Name:** The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

**2a. DESCRIPTION OF VIOLATION**

Resident #4 does not have a source of light that can be turned on/off from bedside. The lamp was approximately 3 feet from the foot of the bed and cannot be reached from the bed.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The Memory Care Director has purchased touch lamps that have been installed by The Maintenance Director in all resident rooms that does not have a light source within proper reach.

Please see Exhibit E

Immediately and weekly thereafter: A designated staff person will check resident bedrooms to ensure each resident has an operable lamp or other source of lighting that can be turned on at bedside.

*JW* 5/3/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Dana Wright*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dana Wright, ED</i>	Date <i>5-2-19</i>
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**Violation Report:** 44948 - 03/26/2019 - Graziano, Belinda  
**PCH Name:** The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**  
 2600.102(h) - Toilet paper shall be provided for every toilet.

**2a. DESCRIPTION OF VIOLATION**  
 At approximately 12:00 p.m., there was not toilet paper for the toilet in the shared bathroom in resident bedroom # 207.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The Memory Care staff will check resident bathrooms once a day to ensure a full roll of toilet paper is in place.

Toilet paper was replaced in the bathroom of bedroom #207 on 3/26/19. *JW* 5/3/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dan Wright, ED</i>	Date <i>5-2-19</i>
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Violation Report: 44948 - 03/26/2019 - Graziano, Belinda

PCH Name: The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2a. DESCRIPTION OF VIOLATION**

An unlabeled and undated dish of partially eaten ice cream was in the memory care kitchenette freezer.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The Memory Care Director has educated families of the importance of not placing leftover/unopened food into the freezer. The families have also been educated on all foods brought in for residents must be properly labeled by a staff member before placing into the refrigerator/freezer.

The food item mentioned above was discarded on 3/26/19.

*JW* 5/3/19

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative *[Signature]*  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dana Wright, ED</i>	Date <i>5.2.19</i>
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**Violation Report:** 44948 - 03/26/2019 - Graziano, Belinda  
**PCH Name:** The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**2a. DESCRIPTION OF VIOLATION**  
 At approximately 10:25 a.m., the temperature in the ice cream freezer measured 20 degrees Fahrenheit.  
 Also, there was no thermometer in the freezer in the memory care kitchenette.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The Dining Service Director has moved the thermostat from the top of the ice cream cooler to the bottom where the ice cream is stored and consistently is getting a temperature of zero degrees.

Please see Exhibit F

The Dining Service Director has moved the thermostat from the back of the Memory Care Kitchenette refrigerator to the front, to be more visible.

Immediately and weekly thereafter: A designated staff person will check refrigerators and freezers to ensure each contains a thermometer and that the temperatures are in accordance with 2600.103f. Documentation of these temperature checks shall be kept.

Please see Exhibit G

<b>Repeat Violation:</b> No	<b>Date(s) of Previous Violation(s):</b>			JW 5/3/19
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**Signature of Legal Entity Representative**  
 (Required on EVERY Page) *Dana Wright*

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <i>Dana Wright, ED</i>	<b>Date</b> <i>5-2-19</i>
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**Violation Report:** 44948 - 03/26/2019 - Graziano, Belinda  
**PCH Name:** The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**  
 2600.103(g) - Food shall be stored in closed or sealed containers.

**2a. DESCRIPTION OF VIOLATION**  
 The following opened and unsealed foods were stored on the shelves in the kitchen dry food pantry:  
 -16 ounce box of corn starch  
 -small clear plastic bag of raisins  
 -18 ounce box of quick grits

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The Dining Service Director has purchased clear plastic containers. All opened dry storage will be put in one and dated.

Please see Exhibit H

Immediately and weekly thereafter: A designated staff person will check food storage areas to ensure food is stored in closed or sealed containers.

*JW* 5/3/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Dana Wright*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dana Wright, ED</i>	Date <i>5.2.19</i>
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Violation Report: 44948 - 03/26/2019 - Graziano, Belinda

PCH Name: The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The emergency procedures for the home and municipality were not posted in a conspicuous and public place in the home. They were in a binder labeled "RCG" on a shelf behind the receptionist area.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

and the emergency preparedness plans *JW* 5/3/19

The current licensing inspection binder is located in the lobby area. It is easily accessible to residents and visitors.

Please see Exhibits A and B.

Immediately and monthly thereafter: A designated staff person will check the home to ensure a copy of the emergency procedures for the home and the local municipality are posted in a conspicuous and public place in the home.

*JW* 5/3/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Dona Wright*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dona Wright, ES</i>	Date <i>5-2-19</i>
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**Violation Report:** 44948 - 03/26/2019 - Graziano, Belinda  
**PCH Name:** The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**  
 2600.127(a) - Portable space heaters are prohibited.

**2a. DESCRIPTION OF VIOLATION**  
 At approximately 5:00 p.m., a 2 ft. tall, black space heater was located in the administrator's office.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The space heater has been removed from the community.

Within 30 days of receipt of the plan of correction: All staff persons will be educated that portable space heaters are prohibited. Documentation of the education shall be kept. *JW* 5.3.19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dana Wright*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dana Wright, ED</i>	Date <i>5-2-19</i>
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**Violation Report:** 44948 - 03/26/2019 - Graziano, Belinda  
**PCH Name:** The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

**2a. DESCRIPTION OF VIOLATION**

The home permit's smoking outside of the home; however, the home has not designated a smoking area.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

A designated smoking are has been establish and a sign has been posted.

Please see Exhibit I

Within 30 days of receipt of the plan of correction: All residents and staff will be educated on the location of the designated smoking area. *JW* 5/3/19

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Dona Wright*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dona Wright, ED</i>	Date <i>5-2-19</i>
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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

**Violation Report:** 44948 - 03/26/2019 - Graziano, Belinda

**PCH Name:** The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**2a. DESCRIPTION OF VIOLATION**

Resident #2, admitted to the home on 3/11/19, has not been educated to the resident's right to question or refuse medication if the resident believes that there may be a medication error.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The Residents Right discloser has been updated to include... the right to refuse medications.

Please see Exhibit J

Resident #2 was educated on the right to question or refuse a medication if the resident believes there may be a medication error on 5/2/19. *JW* 5/3/19

Within 30 days of receipt of the plan of correction: A designated staff person will review resident records to ensure all residents have been educated on the right to question or refuse a medication if the resident believes there may be a medication error and that documentation of this is kept in the resident's record. *JW* 5/3/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Dana Wright*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Dana Wright, ED* Date *5.2.19*

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**Violation Report:** 44948 - 03/26/2019 - Graziano, Belinda  
**PCH Name:** The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

The support plan, dated 3/11/19, for resident #2 does not address how the home will meet the resident's needs relating to diagnoses of overactive bladder, type 2 diabetes, GERD, fecal incontinence, hyperlipidemia, and Alzheimer's disease. The support plan only indicates the need will be "managed by physician."

The support plan, dated 2/25/19, for resident #3 does not address how the home will meet the resident's needs relating to diagnoses of hypertension, depression, and dependent personality disorder, as indicated on the medical evaluation dated 2/21/19.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Resident #2 The RASP was revised/finalized on 4/29/2019 to include the responsibility of staff to meet the residents needs.

Resident #3 The RASP was revised/finalized on 4/29/2019 to include the responsibility of staff to meet the residents needs.

An audit will be completed within 30 days by the Health and Wellness Director or designee of existing residents support plans. Adjustments will be made to ensure the staff is educated on how to meet the residents needs.

The Health and Wellness Director will be more detailed on new resident Support Plans moving forward.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Dana Wright*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dana Wright, ED</i>	Date <i>5-2-19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

<p>The above plan of correction is approved as of <u>5/3/19</u> (Date)</p> <p>The above plan of correction was approved by <u><i>JW</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>5/3/19</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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**Violation Report:** 44948 - 03/26/2019 - Graziano, Belinda

**PCH Name:** The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

**2a. DESCRIPTION OF VIOLATION**

Correction fluid was used on the date of signature on resident #4's contract, dated 2/1/19, and the date "1/23/19" was written over top of the correction fluid.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The Executive Director has educated the Business Office Manager on the process when making a correction.

One line will be put through the error and it will be initialed. The correct entry will be written above.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Dana Wright, ED* Date *5-2-19*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5/3/19</u> (Date)	Plan of correction implementation status as of <u>5/3/19</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Violation Report:** 44948 - 03/26/2019 - Graziano, Belinda  
**PCH Name:** The Sheridan at Bethel Park

**1. REGULATION 55 Pa.Code §2600**  
 2600.252 - Each resident's record must include the following information: (1) through (26)

**2a. DESCRIPTION OF VIOLATION**  
 The records for residents #1, #2, #3, #4, and #5 do not include an inventory of personal belongings upon admission to the home.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

A resident inventory sheet has been added to the move in paperwork.

Please see Exhibit M

Residents #1 and #4 are no longer residents of the home.

*JW* 5/3/19

Residents #3 and #5 had inventories of personal belongings completed on 5/2/19.

*JW* 5/3/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dana Wright*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dana Wright, ED</i>	Date <i>5.2.19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5/3/19  
 (Date)

Plan of correction implementation status as of 5/3/19  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *JW*  
 (Initials)