



MAILING DATE: October 4, 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 inspection on July 31, 2019 and August 2, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza", is written over a light blue horizontal line.

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *THE SHERIDAN AT BETHEL PARK*
Address: *2000 COOL SPRINGS DRIVE,, PITTSBURGH, PA 15234*
County: *ALLEGHENY* Region: *WESTERN*

License Number: *44948*

Administrator

Name: *Wendy Mildner* Phone: *4129234892* Email: *PETE@KAUFMANJACOBS.COM*

Legal Entity

Name: *KJ BETHEL PARK LLC*
Address: *30 W. MONROE STREET,SUITE 1700, CHICAGO, IL, 60603*

Certificate(s) of Occupancy

Type: *I-1* Date: *08/23/2018* Issued By: *Bethel Park*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

Inspection

Type: *Partial* BHA Docket #: Reason: *Complaint* Notice: *Unannounced*

RECEIVED

Inspection Dates and Department Representative

07/31/2019 - On-Site: Michael Marini, Laurie Garrigan
08/02/2019 - On-Site: Michael Marini

9/25/2019
Western Region Field Office
Bureau of Human Services Licensing

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *147* Residents Served: *68*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st and 2nd Floor* Capacity: *40* Residents Served: *16*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *68*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *26* Have Physical Disability: *1*

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Daily at 8:00 PM, the home's concierge ends her shift and locks the front door. For emergency medical personal to gain access to the facility after 8:00 PM, they must ring a door bell and wait for a staff member to respond. However, on 7-31-19, the doorbell was inoperable.

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.)

Effective 9/4/19 an after hours phone number to a dedicated phone was placed at the door that a staff person is assigned to carry. The staff person answers the door in person and addresses the visitor. Additionally, the staff have be reminded to meet EMS at the door if they have called them directly.

Immediately: All staff persons shall be educated on the new procedure that a designated staff person is to carry the dedicated telephone at all times that the concierge is unavailable. Documentation of the education shall be kept. *PM* 9/27/19

The Executive Director or designee will monitor the phone response time weekly.

Legal Entity Representative

Wendy M. ...
Signature

Wendy M. ...
Executive Director
9/25/19
Printed Name and Title Date

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The above plan of correction is approved as of 9/27/19
(Date)

Plan of correction implementation status as of 9/27/19
(Date)

The above plan of correction was approved by AM
(Initials)

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

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 is prescribed Hydrocodone-APAP 5mg-325 mg-Take 1 tablet by mouth every 6 hours as needed for pain; however, on 7-31-19, this medication was not available in the home.

Resident #2's glucometer is not calibrated to the current date and time.

On numerous dates/times, to include the following, resident #2's blood sugars were not correctly documented on the resident's July 2019 MAR:

<u>Date & Time</u>	<u>Glucometer Reading</u>	<u>MAR Entry</u>
7-26-19 at 4 PM	164	167
7-28-19 at 8 PM	275	285
7-30-19 at 8 PM	238	231

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 100% audit-orders, to MAR to meds in cart completed by 9/20/19 to verify all current orders and meds are accounted for. Ongoing cart audits by wellness team will be completed weekly for four weeks.

All glucometers were inspected, calibrated if appropriate and current date/time confirmed by 9/20/19. Ongoing glucometer auditing will be completed monthly.

The process for receipt and processing medications has been updated to include Health and Wellness Director or designee review of all new orders to verify they are present in the MAR, the meds have been received and are being administered per MD order. Current med techs retrained on the process by 9/30/19..

Resident #2's Hydrocodone was discontinued on 7/31/19. *AM* 9/27/19

Immediately: A designated staff person shall inspect the MAR's for all residents receiving blood sugar checks weekly for one month then monthly thereafter, to ensure accurate blood sugar documentation in accordance with the blood sugar readings on the resident's glucometer. *AM* 9/27/19

185a - Implement Storage Procedures (continued)

Legal Entity Representative

Wendy Mildner
Signature

Wendy Mildner 9/25/19
Printed Name and Title Date
Executive Director

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- Not Implemented

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 is prescribed Tramadol 50 mg-Take 1 tablet by mouth daily at midnight; however, this medication is not indicated on the resident's July medication administration record (MAR).

Resident #2 is prescribed Humalog 100 units/ml-Inject 4 units subcutaneously 3 times daily with meals, as well as Humalog 100 units/ml-Inject subcutaneously 4 times daily in accordance with sliding scale. However, on numerous dates/times, to include the following, the resident's Humalog sliding scale insulin order was documented on the resident's July 2019 MAR as the straight order of Humalog-4 units:

- * 7-2-19 at 12:00 PM-documented as 2 units of insulin administered
- * 7-7-19 at 4:00 PM-documented as 2 units of insulin administered
- * 7-29-19 at 8:00 AM-documented as 0 units of insulin administered
- * 7-20-19 at 12:00 PM-documented as 6 units of insulin administered

Resident #2's July MAR does not include a diagnosis or purpose for multiple medications, to include the following:

* Amlodipine-5 mg; Docusate Sodium-100mg; Eliquis-5 mg; Lantus Solostar-100 units/ml; Levetiracetam-500 mg; Polyethylene Glycol; Saline Mist Spray-0.65% and oxygen.

Resident #3's July 2019 MAR does not include a diagnosis or purpose for multiple medications to include:

* Fish Oil-1000 unit soft gel; Loratadine-10 mg; Prednisolone AC-1% Eye Drop; Simvastatin-10 mg

Resident #4's July 2019 MAR does not include a diagnosis or purpose for Preservisions "AREDS" soft gel take 1 soft gel by mouth once a day.

Resident #5's July MAR does not include a diagnosis or purpose for multiple medications, to include the following:

* Aspirin-81 mg; Eliquis-2.5 mg; Furosemide-20 mg; Lisinopril-2.5 mg; Metformin-1000 mg; Potassium Chloride ER-20 meq; Simvastatin-20 mg; Tamsulosin-0.4 mg

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.)

100% audit of orders to MAR to meds in cart completed by
9/20/19, diagnoses were obtained and added to the record..

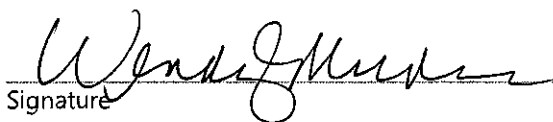
Plan of Correction (POC) (continued)

The process for receipt and processing medications has been updated to include Health and Wellness Director or designee review of all new orders to verify they are present in the MAR, the meds have been received and are being administered per order. All staff will be retrained on insulin administration by 10/15/19. The Wellness Director or designee will observe insulin administration for each staff member on time weekly for 4 weeks.

All staff administering medications will audit the eMAR after each medication pass to verify all documentation has been completed and no meds are without a sign off or a reason not administered/documented. Compliance date: 9/23/19.

The Health and Wellness Director or designee will audit the eMAR daily to verify documentation is completed and will review the audit of the eMAR weekly with the Executive Director during their weekly clinical meetings. Compliance date: 9/23/19.

Legal Entity Representative


Signature

Wendy Mildner
Executive Director
9/25/19
Printed Name and Title Date

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187c - Refusal of Medication

Regulations

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

According to resident #2's July 2019 MAR, the resident refused numerous medications on numerous dates/times, to include the following; however, the resident's physician was not notified of the refusals:

* 7-27-19 at 4:00 PM-the resident refused Albuterol-0.5/3mg

* 7-16-19 at 9:00 PM-the resident refused Atorvastatin-40mg tablet

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.)

All medication refusals will be documented in the eMAR and will be reported to the physician in accordance with his orders, or with every refusal if no order parameter exists. Current staff authorized to pass medications will be retrained on this process by 9/30/19.

The Health and Wellness Director or designee will monitor this process daily when auditing compliance the eMAR. Compliance date 9/30/19.

Legal Entity Representative

Wendy Mildner
Signature

Wendy Mildner
Executive Director
9/25/19
Printed Name and Title Date

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187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #2 is prescribed Humalog 100 units/ml-Inject subcutaneously 4 times a day in accordance with the following sliding scale: 1-200=0 units; 201-250=2 units; 251-300=4 units; 301-350=6 units; 351-400=8 units; 401-450=10 units; 451-500=12 units; 501=550=16 units; 551-600=18 units; if over 601 call MD.

On 7-29-19 at 4:00 p.m., resident #2's blood sugar reading was 324, requiring 6 units of insulin; however, no insulin was administered.

Resident #2 is prescribed Tramadol 50 mg-Take 1 tablet by mouth daily at midnight. This medication was not administered from 7-2-19 through 7-25-19 and from 7-27-19 through 7-30-19.

Resident #5 is prescribed Potassium Chloride ER 20 meq-Take 1 tablet by mouth once a day. This medication was not administered on 7-31-19 at 9:00 a.m., because it was not available in the home.

Plan of Correction (POC)

Resident #2's Tramadol was discontinued on 8/5/19 ~~to~~ 9/27/19

(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 was receiving the Tramadol as evidenced by signing out of the narcotic but it was not documented in the eMAR. Notwithstanding; the process for receipt of medications has been updated to include the Health and Wellness Director or designee review of all new orders to verify they are present on the MAR, the meds have been received and are being administered per order. All current staff authorized to pass medications retrained by 10/6/19.

All staff administering medications will audit the eMAR after each medication pass to ensure documentation has been completed and no meds are without a sign off or a reason not administered/ documented. Compliance date: 9/30/19.

The Health and Wellness Director or designee will audit the eMAR daily to verify documentation is completed and will review the audit weekly with the Executive Director during their weekly clinical meeting. Compliance date: 9/30/19.

Legal Entity Representative


Signature

Wendy Mildner
Executive Director 9/25/19
Printed Name and Title Date

187d - Follow Prescriber's Orders *(continued)*

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The above plan of correction was approved by	<u>AM</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	

225c - Additional Assessment

Regulations

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

Description of Violation

Resident #1 fell 3 times in the home between 7-21-19 and 7-22-19, and was transported to the hospital for evaluation after each fall. However, the resident's most recent assessment, dated 4-26-19, does not indicate the resident is a fall risk.

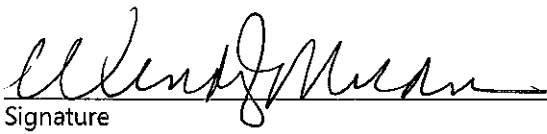
Plan of Correction (POC)

(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.)

100% audit of the resident care plan/RASP to be completed by the Health and Wellness Director and Executive Director by 9/30/19 to verify they represent the residents current status. The care plan/RASPs will be updated weekly during the leadership meeting to verify all departments have input into the plan of care for their specific department. Resident #1's care plan/RASP not updated as he no longer resides in the community.

Compliance date: 10/6/19

Legal Entity Representative


Signature

Wendy Mildner
Executive Director 9/25/19
Printed Name and Title Date

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231b - Medical Evaluation

Regulations

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 #1 was admitted to the secure dementia care unit on 5-1-19; however, the resident's most recent medical evaluation, dated 3-20-19, does not include a diagnosis of Alzheimer's disease or other dementia, and does not include the need for the resident to be served in a secure dementia care unit.

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.)

An audit of 100% of the SDU DME's to be completed by the Memory Care Director and the Executive Director by 9/30/19 to verify they contain the required information related to residing in an SDU. DME's will be updated or new DME's obtained with required information. All new DME's will be reviewed during the weekly clinical meeting.

Compliance date: 9/30/19.

Resident #1 no longer resides in the facility. *AM* 9/27/19

Legal Entity Representative

Wendy M. Edner
Signature

Wendy M. Edner
Executive Director
9/25/19
Printed Name and Title Date

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231c - Preadmission Screening

Regulations

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 #1 was admitted to the secure dementia care unit on 5-1-19; however, resident #1's cognitive preadmission screening was completed on 4-25-19, which exceeds 72 hours prior to admission.

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 100% audit of all prescreens will be completed by 09/30/19 to identify deficiencies. Due to the timing of the completion of this form they cannot be revised or updated but going forward all Prescreens will be reviewed by the Executive Director prior to move in to ensure they are within the required time frame.

Compliance date: 9/30/19 and ongoing.

Resident #1 no longer resides in the facility. AM 9/27/19

Legal Entity Representative

Wendy Mildner
Signature

Wendy Mildner
Executive Director
9/25/19
Printed Name and Title Date

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