



EMAILING DATE: November 7, 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 September 16, 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".

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: *wmildner@seniorlifestyle.com*

Legal Entity

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

RECEIVED

10/11/2019

Western Region Field Office
Bureau of Human Services Licensing

Certificate(s) of Occupancy

Type: *I-1* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *92* Waking Staff: *69*

Inspection

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

Inspection Dates and Department Representative

09/16/2019 - On-Site: Amy Duncan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *147* Residents Served: *66*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *26* Have Physical Disability: *0*

25b - Contract Signatures

Regulations

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 4/5/19, is not signed by the resident.

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 resident home contract was signed by the resident on 10/10/19.

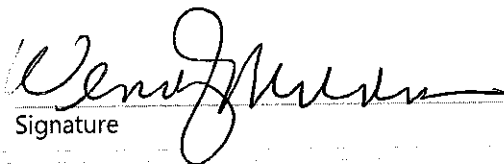
An audit of current residents home contracts to verify signatures by residents has been completed. Any current contract that is not signed by the resident is in the process of being signed.

Effective immediately new resident home contracts will be signed by the resident unless a guardianship or ~~invoked power of attorney exists, then it will be acceptable to have the responsible part, POA or guardian sign the contract.~~ The executive director will review new resident files for signatures within one week of move in.

Compliance date: 10/31/19

Within 5 days of receipt of the plan of correction: All staff persons responsible for completing the resident-home contracts shall be educated that the resident-home contract shall be signed by the administrator or designee, the resident and the payer, if different from the resident and cosigned by the resident's designated person, if any, within 24 hours of admission. The education shall include that only legal guardians may sign the contract in lieu of the resident. Documentation of the education shall be kept. 10/16/19 LM

Legal Entity Representative

Signature 

Printed Name and Title Wendy Mildner Date 10/11/19

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The above plan of correction is approved as of 10/31/19 (Date)

Plan of correction implementation status as of 10/31/19 (Date)

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

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

123a - Exit Doors

Regulations

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

The following exit doors in the home's secured dementia care unit (SDCU) are equipped with a key fob, which is the only method to open the doors from the inside:

- * 1st floor entrance to the SDCU from the personal care unit
- * 2nd floor entrance to the SDCU from the personal care unit
- * [Redacted]

Withdrawn 10/16/19

PM

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.)

Per the discussion with the western region supervisor, the fire exit doors are being withdrawn from this violation report. Additionally, the entrances to the SDCU are not listed as fire exits, thus would not require any special access or egress. Notwithstanding, the community will be placing numbered key pad access to the SDCU entrances on both floors on both sides of the door. The expected date of completion is November 15, 2019.

Operable key pads were installed at the 1st and 2nd floor entrances to the SDCU. 10/31/19

PM

Legal Entity Representative

Wendy Mildner
Signature

Wendy Mildner 10/11/19
Printed Name and Title Date

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123a - Exit Doors

Regulations

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

The following exit doors in the home's secured dementia care unit (SDCU) are equipped with a key fob, which is the only method to open the doors from the inside:

- * 1st floor entrance to the SDCU from the personal care unit
- * 2nd floor entrance to the SDCU from the personal care unit

Violation Withdrawn *JM*

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.)

Within 7 days of receipt of the plan of correction: The home shall obtain a written statement from the manufacturer verifying the doors at the 1st and 2nd floor entrances to the home's SDCU will open easily and immediately upon signal from the activated fire alarm system, heat or smoke detector, power failure and by overriding the electronic or magnetic locking system by use of the recently-installed key pads in accordance with 2600.233b. Documentation shall be maintained in the home.

Within 30 days of receipt of the plan of correction: The home shall obtain written documentation from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the recently-installed electronic key pads, which were installed at the 1st and 2nd floor entrances to the home's SDCU. The documentation shall indicate the key pads have been inspected and approved, and that the doors will automatically and immediately unlock when the fire alarm system is activated in accordance with 2600.233a. Documentation shall be maintained in the home.

Legal Entity Representative

Wendy Mildner
Signature

Wendy Mildner, ED 10/30/19
Printed Name and Title Date

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225a - Assessment 15 Days

Regulations

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 most recent assessment, dated 4/11/19, does not include an assessment of the resident's bowel management needs. This section of the assessment is blank. Also, the understanding instructions section of the resident's assessment indicates the resident is independent; however, the resident's most recent support plan, dated 4/11/19, indicates the resident "occasionally requires instructions or directions to be simplified or demonstrated. Staff will simply instructions and demonstrate tasks as needed".

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.)

Dispute-The box was not checked but the detail was typed in the description of service need and plan to meet the needs was also completed. With regards to the understanding of instructions-the handwritten information of a change was implemented approximately 6/27/19 per the notation on the first page of the RASP indicating a change from independent to being a minimal problem with the appropriate interventions noted.

Manual updates to RASPs will be dated with each entry and initialed by the person making the change, significant changes will require a new assessment/ RASP.

The executive director and the memory care director will review resident changes weekly to verify proper documentation and updates occur.

Compliance date: 10/31/19

Resident #1's assessment was updated. 10/18/19

LM

Legal Entity Representative

Wendy Mildner
Signature

Wendy Mildner
Printed Name and Title

10/11/19
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 SDCU on 4/9/19. However, the resident's medical evaluation, dated 3/5/19, does not indicate the need for the resident to be served in a SDCU. Also, the resident's medical evaluation is blank in the following sections:

- * Temperature
- * Body positioning/movement
- * Immunization History

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.)

Dispute-Previously cited with active POC in progress.

Current DME's were audited as part of a previous POC, this DME has been redone and sent to the doctor to sign, awaiting signature.

DME's will be updated or new DME's obtained with required information. New DME's will be reviewed during the weekly clinical meeting.

Compliance date-10/31/19.

Resident #1's medical evaluation was updated to indicate the need to be served in a SDCU, and also updated to include the resident's temperature, body positioning and immunication history. *PM* 10/18/19

Legal Entity Representative

Wendy Milner
Signature

Wendy Milner
Printed Name and Title

10/11/19
Date

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- Not Implemented

231e - No Objection Statement

Regulations

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 #1 was admitted to the SDCU on 4/9/19; however, there is no documentation that the resident and the resident's designated person have not objected to the 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

Audit of current residents to verify that the memory care agreement statement is signed. Signatures will be obtained for any current resident found not to have a completed statement.

Compliance date-10/31/19.

Resident #1's record was updated to include a statement that the resident and the resident's designated person, do not object to the admission to the SDCU. *JM* 10/18/19

Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a system to ensure documentation that the resident and the resident's designated person do not object to the admission to the SDCU is present prior to the admission for all newly-admitted residents. *JM* 10/18/19

Legal Entity Representative

Wendy Mil... 10/18/19
Signature

Wendy Mil... 10/18/19
Printed Name and Title Date

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234b - Support Plan Needs Elements

Regulations

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #1's most recent support plan, dated 4/11/19, indicates "Staff will simplify instructions and demonstrate tasks as needed" under the understanding instructions section; however, the responsible party and frequency for the service need indicate "N/A".

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 RASP was updated updated 10/10/19 with the necessary information.

Audit of current RASP's has commenced and updates completed.

Manual updates to RASPs will be dated with each entry and initialed by the person making the change, significant changes will require a new assessment/ RASP.

Compliance date: 10/31/19

Legal Entity Representative

Signature	Printed Name and Title	Date
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