



Sent via e-mail: wmildner@seniorlifestyle.com
pete@kaufmanjacobs.com

MAILING DATE: January 31, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 25, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

12/24/2019

Violation Report

Western Region Field Office
Bureau of Human Services Licensing

Facility Information

Name: *THE SHERIDAN AT BETHEL PARK* License Number: *44948*
 Address: *2000 COOL SPRINGS DRIVE,, PITTSBURGH, PA 15234*
 County: *ALLEGHENY* Region: *WESTERN*

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*

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *125* Waking Staff: *94*

Inspection

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

Inspection Dates and Department Representative

11/25/2019 - On-Site: Amy Duncan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *147* Residents Served: *85*

Secured Dementia Care Unit

In Home: *Yes* Area: *Embrace and Enrich* Capacity: *40* Residents Served: *15*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *85*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *40* Have Physical Disability: *1*

225c - Additional Assessment

Regulations

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's most recent assessment, dated 1/23/19, indicates the resident is independent in judgment and requires moderate supervision. However, the resident has eloped independently from the home on multiple dates, including on 10/21/19, 11/14/19 and 11/20/19, at times accessing a busy street. Also, the resident's most recent medical evaluation, dated 1/9/19, includes a diagnosis of Vascular Dementia.

REPEAT VIOLATION: 7/31/2019, et. al.

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 day of survey by the health and wellness director to include the changes in judgement. Th RASP had previously been updated to include the wandering. The Executive Director and the Health and Wellness Director, or designee, will review resident changes to service plans during the daily standu-p meeting (Monday through Friday). The Health and Wellness Director, or designee. Monthly audits will be conducted by the health and wellness director or designee to monitor A 100% audit of service plans for accuracy will be completed by 01/20/2020.

Legal Entity Representative

Wendy Mildner

Signature

Wendy Mildner, Executive Director

1/10/2020

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 1/13/2020
(Date)

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

Plan of correction implementation status as of 1/27/2020
(Date)

[REDACTED] Implemented

[REDACTED]

Not Implemented

227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's initial assessment, dated 1/23/19, indicates the resident has medical needs of Hypothyroidism, Hyperlipidemia, Barrett's Esophagus and Hypertension, as well as psychological needs of Depression and Vascular Dementia. However, the resident's support plan, dated 1/23/19, indicates the plan to meet each of these medical and psychological needs is "diagnosis is managed per physician orders" and does not indicate the specific plan to meet the need of each specific diagnosis.

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 update for the diagnosis interventions on the day of the survey by the health and wellness director..

An audit and update of the diagnosis section of the existing RASPs will be completed by the wellness supervisor with any discrepancies reported to the Executive Director. Completion date: January 3, 2020.

The Executive Director will verify that interventions are present for the diagnosis on the service plan upon implementation of new or updated service plans. Immediate and ongoing.

Legal Entity Representative

Wendy Mildner

Wendy Mildner, Executive Director 12/20/19

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of 12/31/19
(Date)

Plan of correction implementation status as of 1/27/2020
(Date)

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

Implemented
 Not Implemented