

Department of Human Services  
Bureau of Human Service Licensing

January 20, 2021

[REDACTED], LEGAL ENTITY  
KJ BETHEL PARK LLC  
30 W. MONROE STREET,SUITE 1700  
CHICAGO, IL 60603

RE: THE SHERIDAN AT BETHEL PARK  
2000 COOL SPRINGS DRIVE  
PITTSBURGH, PA, 15234  
LICENSE/COC#: 44948

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 10/27/2020 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,  
Suzy Quinn

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *THE SHERIDAN AT BETHEL PARK* License #: *44948* License Expiration Date: *05/29/2021*  
Address: *2000 COOL SPRINGS DRIVE, PITTSBURGH, PA 15234*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *4129234892* Email: [REDACTED]

**Legal Entity**

Name: *KJ BETHEL PARK LLC*  
Address: *30 W. MONROE STREET, SUITE 1700, CHICAGO, IL, 60603*  
Phone: *4129234892* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *12/13/2018* Issued By: *Municipality of Bethel Park*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *161* Waking Staff: *121*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *10/27/2020*

**Inspection Dates and Department Representative**

10/27/2020 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *147* Residents Served: *101*

**Secured Dementia Care Unit**

In Home: *Yes* Area: Capacity: *40* Residents Served: *36*

**Hospice**

Current Residents: *10*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *99*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *3*  
Have Mobility Need: *60* Have Physical Disability: *0*

**Inspections / Reviews**

**10/27/2020 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

**No Deficiencies Identified**