

Department of Human Services  
Bureau of Human Service Licensing

January 4, 2021

PETE SMITH, PRESIDENT OF DEVELOPMENT  
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 Mr. Smith,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/10/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**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: *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*  
 Phone: *4129234892* Email: *PETE@KAUFMANJACOBS.COM*

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *153* Waking Staff: *115*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *12/10/2020*

**Inspection Dates and Department Representative**

*12/10/2020 - On-Site: Lauren Spagna*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *147* Residents Served: *97*

**Secured Dementia Care Unit**

In Home: *Yes* Area: Capacity: *40* Residents Served: *22*  
*1st and 2nd Floor Secure Units*

**Hospice**

Current Residents: *13*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *96*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *56* Have Physical Disability: *0*

## Inspections / Reviews

## 12/10/2020 - Partial

Lead Inspector: *Lauren Spagna*Follow-Up Type: *POC Submission*Follow-Up Date: *12/23/2020*

## 12/22/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *12/29/2020*

## 12/29/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *12/30/2020*

## 1/4/2021 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

#### Description of Violation

*Per the Order of the Secretary of the Pennsylvania Department of Health Requiring Universal Face Coverings, updated November 18, 2020, ".....Except as provided in Section 3, every individual, age two and older, in the Commonwealth of Pennsylvania shall wear a face covering when indoors or in an enclosed space, where another person or persons who are not members of the individual's household are present in the same space, irrespective of physical distance:*

*On 12/3/20 at approximately 2:00pm, staff person A removed her mask while providing direct care to resident #1, placed the mask on resident #1's table and continued to provide care to resident #1.*

#### Plan of Correction

Accept

*ED and/or designee held a series of all staff meetings on 12/7/20, 12/8/20, 12/10/20 and 12/11/20 at which time the policy on PPE was reviewed. See attached agenda and sign in sheets. All staff who were on LOA or absent for legitimate reasons will be retrained on these policies by 12/30/2020.*

*Employee involved was given a written corrective action and was retrained on proper use of PPE by the health and wellness director designee on 12/9/2020.*

*Upon arrival to work staff check in with temp/pulse ox and obtain their required PPE from their assigned location. The leadership team observes staff daily and addresses any deviation from the required PPE usage, up to and including corrective action.*

*The ED and/or designee to monitor ongoing PPE compliance monthly and as needed via communities QAPI process.*

Completion Date: 12/29/2020

#### Document Submission

Implemented

*Documents attached*

## 23a - Activities of Daily Living Assistance

### 1. Requirements

2600.

- 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

#### Description of Violation

*Resident #1's most recent assessment, dated 4/10/20, indicates the resident requires physical assistance to transfer in/out of bed/chair. On 12/3/20 at approximately 2:00pm, staff person A was providing transfer assistance from the resident's wheelchair to her sofa. During the transfer, staff person A was observed transferring the resident using only her left hand, while holding and actively using a cell phone in her right hand. The home's cell phone policy indicates that staff persons are prohibited from using persons cell phones while on duty.*

23a - Activities of Daily Living Assistance (continued)

**Plan of Correction**

**Accept**

*HWD and or designee updated Resident #1's service plan to reflect current transfer status on 12/11/2020, attached. ED and/or designee held a series of all staff meetings on 12/7/20, 12/8/20, 12/10/20 and 12/11/20 at which time the cell phone policy and continuity of care was reviewed. See attached agenda and sign in sheets. All staff who were on LOA or absent or legitimate reasons will be retrained on these policies by 12/30/2020. Employee involved was given a written corrective action and was retrained on the cell phone policy and adherence to service plan tasks on 12/9/2020 by the health and wellness director. The employee was observed completing two transfers by the health and wellness director on 12/23/2020 and 12/24/2020. The ED and or/designee to monitor ongoing cell phone policy and adherence to resident service plans monthly and as needed via communities QAPI process.*

**Completion Date:** 12/29/2020

**Document Submission**

**Implemented**

*Documents attached*