

Department of Human Services
Bureau of Human Service Licensing

June 23, 2021

██████████ DIRECTOR OF OPERATIONS
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2021, 02/25/2021, 02/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams

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 **Licen e #:** 44948 **Licen e Expiration Date:** 05/29/2021
Addr e : 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

Re ident Support Staff: 0 **Total Daily Staff:** 165 **Waking Staff:** 124

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 02/26/2021

Inspection Dates and Department Representative

02/24/2021 - On-Site: [REDACTED]
02/25/2021 - On-Site: [REDACTED]
02/26/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 147 **Residents Served:** 100

Secured Dementia Care Unit

In Home: Yes **Area:** 1st and 2nd floor **Capacity:** 40 **Re ident Served:** 30

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 98
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 65 **Have Physical Disability:** 0

Inspections / Reviews

02/24/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/29/2021*

4/12/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/15/2021*

6/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

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 9/26/2019, was not signed by the resident.

Plan of Correction

Accept

All current resident contracts were audited by the executive director on 03/29/2021 to ensure resident signature or documentation of explanation of why resident may not be able to sign is present. The executive director audits all contracts within 72 hours of move in to monitor compliance using the tool provided to the surveyor at the time of the annual survey.

Completion Date: 03/31/2021

Document Submission

Implemented

Attaching signed contract for resident #1

97 - Elevators/Lifting Devices

1. Requirements

2600.

- 97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The Certificate of Operation from the Department of Labor and Industry for the home's elevator expired on 8/3/2020.

Plan of Correction

Accept

The required inspections have been completed, date noted by the surveyor at the time of the visit. We are now waiting on the certificates to be sent by the state. During 2020 the state completed their inspection and as part of a new rule they now require an independent inspection of the elevator. The independent inspection was completed as soon as we were able to locate on that would come out during COVID, November 2020. The executive director will provide DHS with a copy of the permits within 7 days of receipt.

Completion Date: 06/30/2021

Document Submission

Implemented

Elevator certificates received

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (*continued*)

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
- 1 A general physical examination by a physician, physician's assistant or nurse practitioner.
 - 2 Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3 Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4 Special health or dietary needs of the resident.
 - 5 Allergies.
 - 6 Immunization history.
 - 7 Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8 Body positioning and movement stimulation for residents, if appropriate.
 - 9 Health status.
 - 10 Mobility assessment, updated annually or at the Department's request.

Description of Violation

*Resident #2's, medical evaluation, dated ,11/10/2020, does not indicate if the resident can self administer medications.
Resident #3's, medical evaluation, dated, 5/26/2020, does not indicate the resident's height.*

Plan of Correction**Accept**

The DME for resident #2 had each medication checked separately for self-administration, the box on page 1 was not checked. The assessment indicates the resident is safe to self-administer their medications. The DME was manually corrected after speaking with the PCP on 3/26/2021. The health and wellness director (HWD) or designee will complete an audit of all DME's by 4/2/2021 to verify that all information is present. Any noted discrepancies will be reported to the ED immediately. The HWD or designee will immediately contact or request a letter/order of clarification from the examining physician for any DME's noted to be missing information. HWD will review each annual DME for correctness and completeness by conducting monthly 100% audit of all DME's received that month. Discrepancies will be immediately reported to the executive director. The HWD or designee will contact or request letter/order of clarification from examining MD for any DME noted to be missing information. Audit results will be reviewed by the management team at the quarterly QA meeting scheduled 6/22/2021 and quarterly thereafter.

Completion Date: 04/02/2021

Document Submission**Implemented**

DME's corrected-attached documentation and signed statement of audit from health and wellness director

184a - Labeling OTC/CAM

1. Requirements

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
 2. The name of the medication.
 3. The date the prescription was issued.
 4. The prescribed dosage and instructions for administration.
 5. The name and title of the prescriber.

Description of Violation

Resident #5 is prescribed Sertraline TAB 50MG, take 3 tablets (150MG) by mouth every morning. However, the pharmacy label indicates, Sertraline HCL TAB 100 MG, Take 1 and a half tablets by mouth once a day.

184a - Labeling OTC/CAM (continued)

Plan of Correction**Accept**

The resident obtains medications from an outside pharmacy. The bottle did have "check MAR" label on it the day before that was removed by the med tech for some unknown reason. A community wide medication cart audit was completed by the pharmacy on 3/15/2021. Retraining for all med techs on the process for medication dose changes will be completed by 4/2/2020. Weekly cart audits will be completed by the health and wellness director or designee for 1 month, then monthly thereafter. Any noted discrepancies will be immediately reported to the executive director. Cart audit results will be reviewed by management team at quarterly QA meeting on 6/22/2021 and quarterly thereafter.

Completion Date 04/02/2021

Document Submission**Implemented**

Pharmacy faxed to update the correct order. Label stating to review dose against MAR for changes re-added to the bottle. Photos attached.

185a - Implement Storage Procedures

1. Requirements

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 #4 is ordered blood glucose checks once daily Resident #4's glucometer indicated the following blood glucose readings, however, there was no reading documented on the medication administration record:

2/7/2021 at 6:23 a.m. blood glucose reading 147.

2/12/2021 at 7:37 a.m. blood glucose reading 103.

2/17/2021 at 7:04 a.m. blood glucose reading 141.

2/19/2021 at 6:20 a.m. blood glucose reading 229.

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

All med techs retrained by 4/2/2020 on checking their exception reports at least one time daily to verify that all medications have been administered and have proper documentation completed. The health and wellness director or designee will check the exception report daily for two weeks, then weekly thereafter to verify medications/treatments have been properly documented. Any deviations will be reported to the executive director immediately.

Completion Date: 04/02/2021

Document Submission**Implemented**

no change.